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ABSTRACT

This report provides the first information on substance dependence, abuse, and treatment obtained from the 2000 National Household Survey on Drug Abuse (NHSDA). Several important changes to the NHSDA in 1999 and 2000 affected the estimates of drug use, as well as the estimates for dependence, abuse, and needing and receiving treatment. Following the introduction, the report is organized as follows. Chapter 2 offers estimates of the prevalence and patterns of substance dependence and abuse in the nation. Chapter 3 provides estimates of the prevalence and patterns of the receipt of treatment for problems related to substance use. Chapter 4 discusses the need for and receipt of treatment specifically for problems associated with illicit drug use. Appendix A describes the survey in more detail discussing the sample design, the methodology, and the data processing. Appendix B provides information on the statistical methods and limitations of the data. Appendix C discusses the measurement of dependence, abuse, treatment, and treatment need and describes the changes to these measures in 2000. Appendix D describes other sources of data on substance abuse, dependence, and/or treatment for a substance abuse problem. Appendix F provides tables with estimates of dependence, abuse, treatment, and treatment need. (Contains 25 references, 75 tables, and 14 figures.) (GCP)

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Substance Dependence, Abuse, and Treatment: Findings from the 2000 National Household Survey on Drug Abuse

Joan F. Epstein

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Office of Applied Studies

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Highlights

This report provides the first information on substance dependence, abuse, and treatment obtained from the 2000 National Household Survey on Drug Abuse (NHSDA), a project of the Substance Abuse and Mental Health Services Administration (SAMHSA). Because of major changes to the NHSDA and the definition for measuring treatment need, these estimates cannot and should not be compared with estimates from previous years.

Several important changes to the NHSDA in 1999 and 2000 affected the estimates of drug use, as well as the estimates for dependence, abuse, and needing and receiving treatment. Between 1998 and 1999, there were major changes to the design and methodology of the NHSDA and the questions in the NHSDA. In addition to the changes in 1999, in 2000 there were two changes that had a major impact on the estimates of treatment need and the treatment gap (i.e., persons who needed but did not receive treatment): (a) a change in the definition of treatment need and (b) elimination of a ratio adjustment to inflate NHSDA estimates.

A respondent in the 2000 NHSDA is defined as needing treatment if he or she met the criteria for dependence or abuse or received treatment at a specialty facility during the 12 months prior to the interview. The questions that measure dependence or abuse status are based on the criteria specified in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (American Psychiatric Association [APA], 1994). A detailed description of the DSM-IV criteria and the questions that cover them are given in Appendix C.

Only the 2000 NHSDA data are discussed in this report. A more detailed description of the changes in the survey and their impact on the estimates can be found in Appendix C.

This report provides national estimates on the extent of substance dependence, abuse, and treatment in the United States in 2000. More detailed analyses and State-level estimates will be provided in later reports. Selected findings are given on the following pages.

Dependence on and/or Abuse of Illicit Drugs and Alcohol

- In 2000, an estimated 14.5 million Americans aged 12 or older were classified with dependence on or abuse of either alcohol or illicit drugs (6.5 percent of the total population). Of these, 1.9 million were classified with dependence on or abuse of both alcohol and illicit drugs (0.9 percent of the population). An estimated 2.4 million Americans were dependent on or abused illicit drugs but not alcohol (1.1 percent of the total population). An estimated 10.2 million Americans were dependent on or abused alcohol but not illicit drugs (4.6 percent of the population).

- Among past year users of heroin in 2000, 60.1 percent (0.2 million) were classified with dependence on or abuse of heroin. Among users of cocaine, 22.5 percent (0.7 million) were classified with dependence on or abuse of cocaine. Corresponding percentages for other substances were 15.3 percent (2.8 million) for marijuana and 11.2 percent (0.7 million) for pain relievers.

- Adults in 2000 who first used drugs or alcohol at a younger age were more likely to be classified with dependence on or abuse of substances than adults who initiated use at a later age. Among those who first tried marijuana at age 14 or younger, 10.2 percent were classified with past year illicit drug dependence or abuse compared with only 2.0 percent of adults who had first used marijuana at age 18 or older. Among those who first tried alcohol at age 14 or younger, 13.4 percent were classified with dependence on or abuse of alcohol in the past year compared with only 3.1 percent of adults who had first used alcohol at age 18 or older.

Treatment for a Substance Use Problem

- An estimated 2.8 million people aged 12 or older (1.3 percent of the population) received some kind of treatment for a problem related to the use of alcohol or illicit drugs in the 12 months prior to being interviewed in 2000. This includes treatment received at a specialty facility, as well as other locations, such as self-help groups and private physicians' offices. Of these, 0.9 million received treatment for both alcohol and illicit drugs (0.4 percent of the total population). An estimated 0.4 million persons received treatment for illicit drugs but not alcohol (0.2 percent of the total population), and an estimated 1.2 million people received treatment for alcohol but not illicit drugs (0.5 percent of the total population).

- In 2000, males were more likely to receive treatment compared with females among persons aged 12 or older, as well as among youths aged 12 to 17. An estimated 1.8 percent of males aged 12 or older received treatment for an alcohol or illicit drug problem in the past year compared

with 0.8 percent of females. Among youths aged 12 to 17, the percentage of males who received treatment for an alcohol or illicit drug problem was 1.8 percent, and the percentage of females who received treatment was 1.3 percent, even though there were comparable rates of abuse and dependence within this age group.

- In 2000, the pattern in rates of treatment at specific locations for a problem with illicit drugs was similar to the pattern in rates of treatment at specific locations for a problem with alcohol. Among the 1.3 million people who received treatment for an illicit drug problem in the past year, most people received treatment at a self-help group (0.4 million persons). Treatment at an outpatient rehabilitation facility was the next largest group of people (0.3 million persons).

Needing and Receiving Treatment for Illicit Drug or Alcohol Use

- In 2000, an estimated 4.7 million people aged 12 or older (2.1 percent of the total population) needed treatment for illicit drug abuse problems, including 4.3 million classified with illicit drug dependence or abuse and another 0.3 million who received specialty treatment but were not dependent or abusing. Of those who needed treatment, 0.8 million people (16.6 percent of the people who needed treatment) received treatment at a specialty facility. The remaining 3.9 million (1.7 percent of the total population) did not receive specialty treatment and constitute the drug abuse "treatment gap."

- Among the 2.1 million persons aged 12 or older who received alcohol treatment in the past year, a greater number received treatment at a self-help group than any other location (0.5 million people). An estimated 0.3 million people received alcohol treatment at each of the following three locations: (a) an inpatient rehabilitation facility, (b) an outpatient rehabilitation facility, and (c) an outpatient mental health center. Rates of treatment need for illicit drugs showed similar patterns by demographic subgroup to rates for illicit drug dependence or abuse.

1. Introduction

This report presents information from the 2000 National Household Survey on Drug Abuse (NHSDA) on national estimates of the extent of substance dependence, abuse, and treatment. It also provides national estimates of what has been called the treatment gap (defined as those persons needing treatment who did not receive treatment in the past year) and of the need for and receipt of treatment for an illicit drug problem. Prior NHSDA reports and special analyses have included estimates of these measures. However, due to significant changes to the NHSDA questionnaire and the definitions and estimation methods used, the estimates of these measures from the 2000 NHSDA are not comparable to prior estimates.

Several important changes to the NHSDA in 1999 and 2000 affected the estimates of drug use, as well as the estimates of dependence, abuse, and needing and receiving treatment. Between 1998 and 1999, the NHSDA switched from a paper-and-pencil-interviewing (PAPI) mode to a computer-assisted interviewing (CAI) mode. All questions on drug use, dependence, and need for treatment no longer were self-administered using a paper-and-pencil interview but rather were administered using audio computer-assisted self-interviewing (ACASI). This methodology allows the respondent to listen to questions through a headset and/or to read the questions on the computer screen. Respondents also key their own answers into the computer. Moreover, major changes were made in the sample design, including an increase in sample size from 20,000 to 72,000 persons and a change from a strictly national design to a State-based sampling plan. For the 2000 survey, revisions were made to the dependence questions that also affected the dependence and treatment need estimates.

Besides the changes to the NHSDA described above, two changes in 2000 had a major impact on the estimates of treatment need and the gap. Treatment need was determined by questions dealing with dependence and abuse. The use of a ratio adjustment to inflate NHSDA estimates was eliminated. A detailed description of these changes and their impact on the estimates can be found in Appendix C.

The definition of treatment need for 2000 classifies a respondent as needing treatment if he or she meets the criteria for dependence or abuse or received treatment at a specialty facility. Dependence or abuse status was determined using the criteria specified in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (American Psychiatric Association [APA], 1994). A detailed description of the DSM-IV criteria and the questions that cover them are also given in Appendix C. The questions on dependence ask about health, emotional problems, attempts to cut down on use, tolerance, withdrawal, and other symptoms associated with substances used. The questions on abuse ask about problems at work, home, and

school; problems with family or friends; physical danger; and trouble with the law due to the substances used. Dependence reflects a more severe substance abuse problem than abuse, and persons are classified with abuse of a particular substance only if they are not dependent on that substance. For the 1991 to 1999 surveys, a respondent was defined as needing treatment if he or she was dependent on one or more illicit drugs or met one of three conditions based on types of drugs used, their route of administration, and their frequency of use.

This report addresses the rate of abuse, dependence, and treatment in 2000 and provides estimates of the numbers of persons needing and receiving treatment by demographic and geographic subgroups. Because of the volume of information that can now be presented each year from the expanded NHSDA, this initial report presents only national estimates. State-level estimates of dependence and abuse, based on a complex small area estimation (SAE) method, will be described in a separate report that will be released in the summer of 2002.

1.1 Summary of NHSDA Methodology

The NHSDA is the primary source of statistical information on the use of illegal drugs by the U.S. population. Since 1990, the NHSDA has annually surveyed the civilian, noninstitutionalized population of the United States aged 12 or older. Between 1971, the first year of the survey, and 1988, nine NHSDAs were fielded intermittently (i.e., in 1988, 1985, 1982, 1979, 1977, 1976, 1974, 1972, and 1971). Conducted by the Federal Government since 1971, the survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence. The survey is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), and data collection is carried out by RTI in Research Triangle Park, North Carolina. The project is planned and managed by the Office of Applied Studies (OAS). This chapter contains a brief description of the survey methodology. A more complete description is provided in Appendix A.

The NHSDA collects information from residents of households, noninstitutional group quarters (e.g., shelters, rooming houses, dormitories), and civilians living on military bases. Persons excluded from the survey include homeless persons who do not use shelters, active military personnel, and residents of institutional group quarters, such as jails and hospitals. Appendix D describes surveys that cover populations who are not part of the NHSDA sampling frame.

Prior to 1999, the NHSDA was conducted using a paper-and-pencil interviewing (PAPI) methodology, with the interview lasting about an hour. The NHSDA PAPI instrumentation consisted of a questionnaire booklet completed by an interviewer and a set of individual answer

sheets completed by a respondent. All substance use questions and other sensitive questions appeared on answer sheets so interviewers were unaware of respondents' answers. Less sensitive questions, such as demographics, occupational status, household size, and composition, were asked aloud by interviewers and recorded in questionnaire booklets.

Since 1999, the NHSDA interview has been carried out using a CAI methodology. The survey uses a combination of "computer-assisted personal interviewing" (CAPI) conducted by an interviewer and "audio computer-assisted self-interviewing" (ACASI). For the most part, questions previously administered by an interviewer are now administered by an interviewer using CAPI. Questions previously administered using answer sheets are now administered using ACASI. The ACASI technique provides respondents with a highly private and confidential means of responding to questions and increases the level of honest reporting of illicit drug use and other sensitive behaviors.

Consistent with the 1999 NHSDA, the 2000 NHSDA sample employed a 50-State design with an independent, multistage area probability sample for each of the 50 States and the District of Columbia. The eight States with the largest population (which together account for 48 percent of the total U.S. population aged 12 or older) were designated as large sample States (California, Florida, Illinois, Michigan, New York, Ohio, Pennsylvania, and Texas). For these States, the design provided a sample large enough to support direct State estimates. For the remaining 42 States and the District of Columbia, smaller, but adequate, samples were selected to support State estimates using SAE techniques. The design also oversampled youths and young adults, so that each State's sample was approximately equally distributed among three major age groups: 12 to 17 years, 18 to 25 years, and 26 years or older. To enhance the precision of trend measurement, half of the first-stage sampling units (area segments) in the 1999 sample were also in the 2000 sample. However, all of the households included in the 2000 sample were new.

Nationally, 169,769 addresses were screened for the 2000 survey, and 71,764 persons were interviewed within the screened addresses. The survey was conducted from January through December 2000. Weighted response rates for household screening and for interviewing were 92.8 and 73.9 percent, respectively. See Appendix B for more information on NHSDA response rates.

1.2 Impact of the Changes on the Estimates of Dependence, Abuse, and Treatment

The redesign of the NHSDA has major implications for the estimates produced from the survey, including the estimates of dependence, abuse and treatment, as well as estimates of the treatment need. As expected, the larger sample size and State-based design made it possible to

produce estimates for every State and for smaller population subgroups. The precision of the estimates at the national level has improved substantially. The CAI methodology has made data collection and processing more efficient and improved the quality of the data. New procedures for editing and imputing the data were implemented in conjunction with the new CAI instrument. In-depth analyses of methodological issues associated with the implementation of the new design are described in another SAMHSA report (Gfroerer, Eyerman, & Chromy, in press).

Additional changes were made to the 2000 NHSDA specifically to improve the estimates of dependence, treatment, and treatment need. The dependence questions were revised so they are better understood by respondents. The treatment need definition was revised so that the measure of treatment need can be based on widely accepted diagnostic criteria. Producing estimates of treatment need and the treatment gap without the inclusion of the ratio adjustment has improved estimates of the gap and treatment need. Because the new numbers no longer depend on external data that are not consistent from year to year, they can be used to produce improved estimates of trends. Also, estimates of treatment need can be used in subgroup analysis that was not possible when the ratio adjustment was included.

1.3 Format of Report and Explanation of Tables

This report summarizes the findings of the 2000 NHSDA on substance dependence, abuse, and treatment. Appendices give technical details on the survey methodology, discuss other sources of data, and provide detailed tabulations of estimates. In addition to the bulk of the tables included in this publication (i.e., those in Appendices E and F), a more extensive set of tables, including standard errors, is available.

Tables and text present rates of dependence, abuse, and treatment for illicit drugs and/or alcohol in the past year. Also included is information about the extent to which those in need of treatment for illicit drug use received treatment.

Data are presented for major racial/ethnic groups in several categorizations. Because respondents are allowed to choose more than one racial group, a "more than one race" category is presented that includes persons who report more than one category among the seven basic groups listed in the survey question (white, black/African American, American Indian or Alaska Native, Native Hawaiian, other Pacific Islander, Asian, other). It should be noted that the category "white" shown in this report includes only non-Hispanic whites, the category "black" includes only non-Hispanic blacks, and the category "Hispanic" includes Hispanics of any race. Also, more detailed categories are obtained in the survey for respondents who report Asian race or Hispanic ethnicity.

Data are also presented for four U.S. geographic regions and nine geographic divisions within these regions. These regions and divisions are comprised by the following groups of States:

Northeast Region - *New England Division*: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont; *Middle Atlantic Division*: New Jersey, New York, Pennsylvania.

Midwest Region - *East North Central Division*: Illinois, Indiana, Michigan, Ohio, Wisconsin; *West North Central Division*: Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota.

South Region - *South Atlantic Division*: Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia; *East South Central Division*: Alabama, Kentucky, Mississippi, Tennessee; *West South Central Division*: Arkansas, Louisiana, Oklahoma, Texas.

West Region - *Mountain Division*: Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming; *Pacific Division*: Alaska, California, Hawaii, Oregon, Washington.

Tables have been added to describe substance dependence, abuse, treatment, and treatment need based on population density. For this purpose, counties were grouped using the "Rural-Urban Continuum Codes" developed by the U.S. Department of Agriculture (Butler & Beale, 1994). This variable differs from the "population density" measure presented in previous NHSDA reports. Each county is either in a metropolitan statistical area (MSA) or outside an MSA, as defined by the Office of Management and Budget (OMB). For counties in New England, New England County Metropolitan Areas (NECMA) are used for defining codes. Large metropolitan areas have a population of 1 million or more. Small metropolitan areas have a population of fewer than 1 million. Nonmetropolitan areas are areas outside MSAs. For some tables, small metropolitan areas are further classified as having either fewer than or more than 250,000 in population. Counties in nonmetropolitan areas are classified based on the number of people in the county who live in an urbanized area, as defined by the Census Bureau at the subcounty level. "Urbanized" counties have 20,000 or more population in urbanized areas, "less urbanized" counties have at least 2,500 but fewer than 20,000 population in urbanized areas, and "completely rural" counties have fewer than 2,500 population in urbanized areas.

Other than presenting results by age group and other basic demographic characteristics, no attempt is made in this report to control for potentially confounding factors that might help explain the observed differences. This point is particularly salient with respect to race/ethnicity, which tends to be highly associated with socioeconomic characteristics. The cross-sectional

nature of the data limits the capability to infer causal relationships. Nevertheless, the data presented in this report are useful for indicating demographic subgroups with relatively high (or low) rates of substance abuse, dependence, and treatment, regardless of what the underlying reasons for those differences might be.

1.4 Other NHSDA Reports

A report published in September 2001 provides national estimates of rates of use, numbers of users, and other measures related to illicit drugs, alcohol, cigarettes, and other forms of tobacco from the 2000 NHSDA (SAMHSA, 2001a). Additional tabulations from the 2000 NHSDA are available through the Internet (http://www.DrugAbuseStatistics.samhsa.gov), and additional methodological information will be made available electronically and in OAS publications. A report on State-level estimates from the 2000 NHSDA will be published in the summer of 2002. Analytic reports focusing on specific issues or population groups will continue to be produced by SAMHSA. Topics for a few of the reports in progress are as follows:

- characteristics of recent marijuana initiates,
- risk and protective factors for substance use, and
- characteristics of adults using mental health services.

A complete listing of previously published reports from the NHSDA and other data sources is available from OAS. Many of these reports are also available through the Internet (http://www.DrugAbuseStatistics.samhsa.gov). In addition, OAS makes public use data files available to researchers through the Substance Abuse and Mental Health Data Archive (SAMHDA) at the University of Michigan (www.icpsr.umich.edu/samhda). Currently, files are available from the 1979 to 1999 NHSDAs. The 2000 public use file will be available in mid-2002.

1.5 Overview of Report

Chapter 2 offers estimates of the prevalence and patterns of substance dependence and abuse in the Nation. Chapter 3 provides estimates of the prevalence and patterns of the receipt of treatment for problems related to substance use. Chapter 4 discusses the need for and receipt of treatment specifically for problems associated with illicit drug use. Appendix A describes the survey in more detail discussing the sample design, the methodology, and the data processing. Appendix B provides information on the statistical methods and limitations of the data. Appendix C discusses the measurement of dependence, abuse, treatment, and treatment need and

describes the changes to these measures in 2000. Appendix D describes other sources of data on substance abuse, dependence, and/or treatment for a substance abuse problem. Appendix E provides sample size and population tables. Appendix F provides tables with estimates of dependence, abuse, treatment, and treatment need.

2. Dependence on and/or Abuse of Illicit Drugs and Alcohol

2.1 Overview

2.1.1 Dependence on and/or Abuse

- Overall, an estimated 14.5 million Americans aged 12 or older in 2000 were classified with dependence on or abuse of either alcohol or illicit drugs (6.5 percent of the total population). Of these, 1.9 million were classified with dependence on or abuse of both alcohol and illicit drugs (0.9 percent of the population). An estimated 2.4 million Americans were dependent on or abused illicit drugs but not alcohol (1.1 percent of the total population). An estimated 10.2 million Americans were dependent on or abused alcohol but not illicit drugs (4.6 percent of the population) (Figure 1).

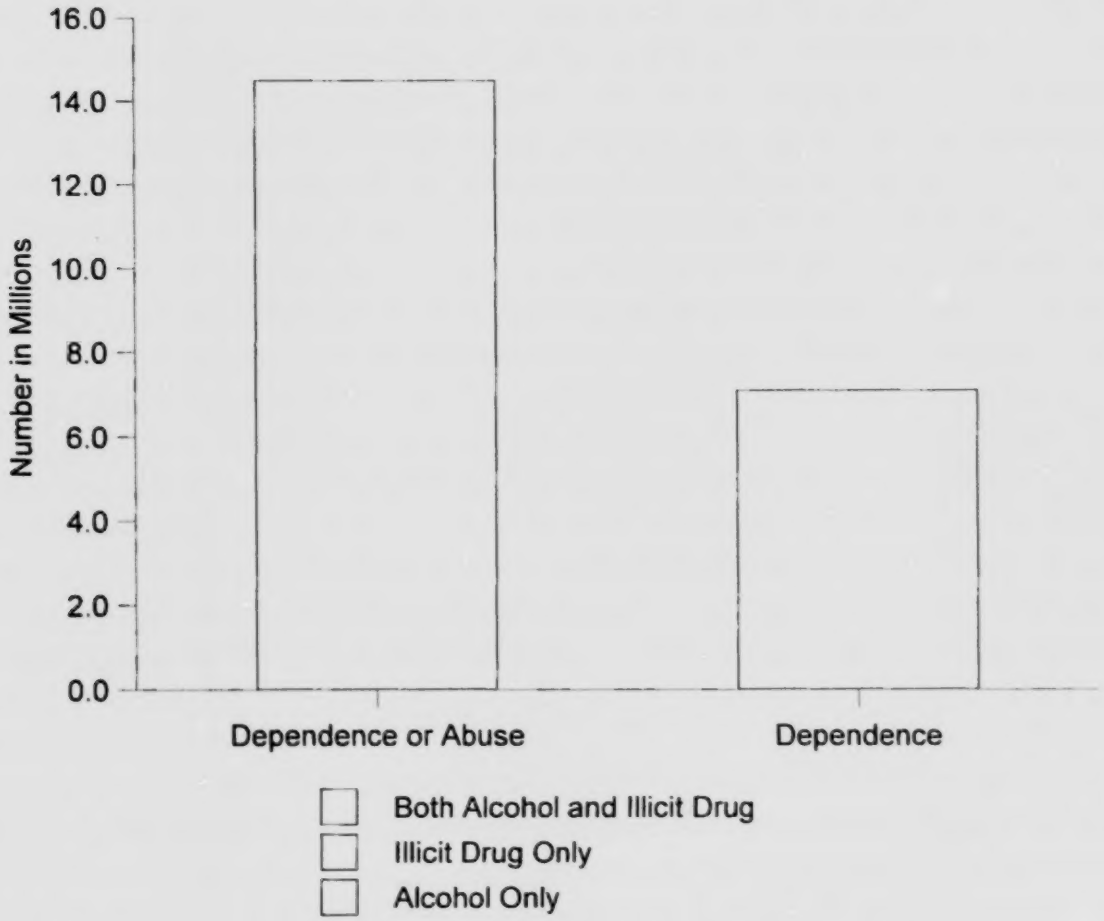
- Among the 4.3 million Americans classified with dependence on or abuse of illicit drugs (1.9 percent of the total population), 1.5 million were classified with only abuse of illicit drugs (35.7 percent of those classified with dependence on or abuse of illicit drugs).

- There were 2.8 million Americans classified with dependence on or abuse of marijuana (1.3 percent of the total population and 66.0 percent of those classified with dependence on or abuse of illicit drugs). Of these, 1.2 million Americans were classified with only marijuana abuse (41 percent of those classified with abuse of or dependence on marijuana).

- Among past year users of heroin, 60.1 percent (0.2 million) were classified with dependence on or abuse of heroin. Among users of cocaine, 22.5 percent (0.7 million) were classified with dependence on or abuse of cocaine. Among past year users of marijuana, 15.3 percent (2.8 million) were classified with dependence on or abuse of marijuana. Among past year users of pain relievers, 11.2 percent (0.7 million) were classified with dependence or abuse.

- There were 12.1 million persons classified with dependence on or abuse of alcohol (5.4 percent of the total population). Of these, 7.0 million were classified with only abuse of alcohol (58.0 percent of those with abuse or dependence). Among past year users of alcohol, 8.8 percent were classified with alcohol dependence or abuse.

Figure 1 Past Year Substance Dependence or Abuse among Persons Aged 12 or Older: 2000



Note: Dependence is based on the definition found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994). "Illicit drug" refers to marijuana/hashish, cocaine (including crack), inhalants, hallucinogens (including LSD and PCP), heroin, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

- Adults who first used drugs at a younger age were more likely to be classified with dependence on or abuse of drugs than adults who initiated use at a later age. Among those who first tried marijuana at age 14 or younger, 10.2 percent were classified with dependence on or abuse of an illicit drug in the past year compared with only 2.0 percent of adults who had first used marijuana at age 18 or older. This pattern of higher rates of dependence or abuse among persons initiating their use of marijuana at younger ages was observed by demographic subgroups, as well as separately for rates of dependence and rates of abuse (Figure 2).

- A similar pattern was observed for alcohol dependence or abuse among adults. Among those who first tried alcohol at age 14 or younger, 13.4 percent were classified with dependence on or abuse of alcohol in the past year compared with only 3.1 percent of adults who had first used alcohol at age 18 or older. This pattern also was similar by sociodemographic subgroups and for abuse of or dependence on alcohol (Figure 3).

2.1.2 Dependence

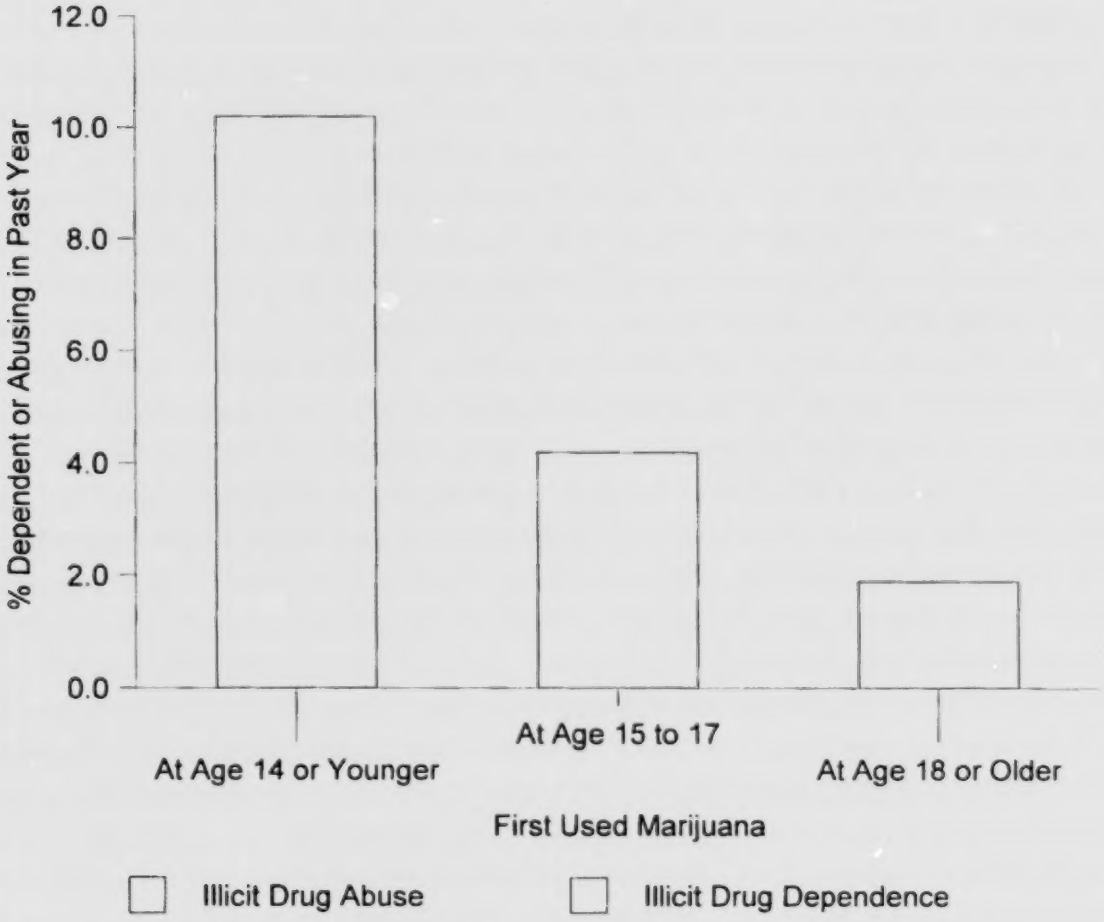
- In 2000, an estimated 7.1 million Americans (3.2 percent of the total population) were dependent on illicit drugs or alcohol. Of these, 0.8 million Americans were dependent on both alcohol and illicit drugs (0.4 percent of the population). An estimated 2.0 million Americans were dependent on illicit drugs but not alcohol (0.9 percent of the population). An estimated 4.3 million Americans were dependent on alcohol but not illicit drugs (1.9 percent of the total population) (Figure 1).

2.2 Age

- Rates for illicit drug dependence or abuse showed substantial variation by age (Figure 4). The rate for illicit drug dependence or abuse was 0.8 percent at age 12, and rates increased for each successive year of age until the highest rate (8.1 percent) was reached at ages 18 and 19 (data not shown in figure). After age 19, the rates declined in each successively older age group. The rate for persons aged 26 or older was 1.0 percent. The rate for persons aged 18 to 25 was 5.5 percent; the rate for persons aged 12 to 17 was 4.4 percent.

- Rates for alcohol dependence or abuse by age showed a similar pattern to rates for illicit drug dependence or abuse by age, reaching a peak at age 19 with a rate of 15.2 percent and declining for each successively older age group. The rate for persons aged 12 to 17 was 5.1 percent. The rate for persons aged 18 to 25 was 12.8 percent; the rate for persons aged 26 or older was 4.2 percent (Figure 5).

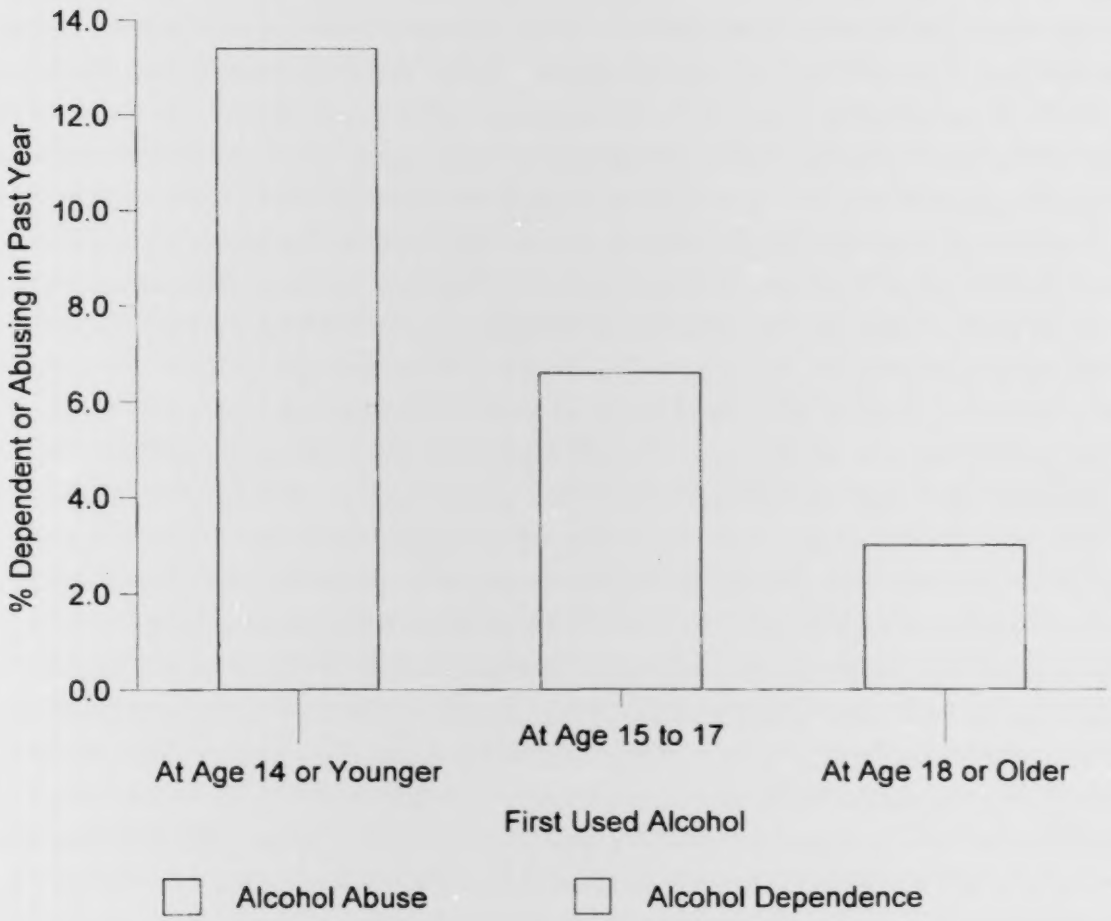
Figure 2 Past Year Illicit Drug Dependence or Abuse among Adults, by Age at First Use of Marijuana: 2000



Note: Dependence is based on the definition found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994). "Illicit drug" refers to marijuana/hashish, cocaine (including crack), inhalants, hallucinogens (including LSD and PCP), heroin, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

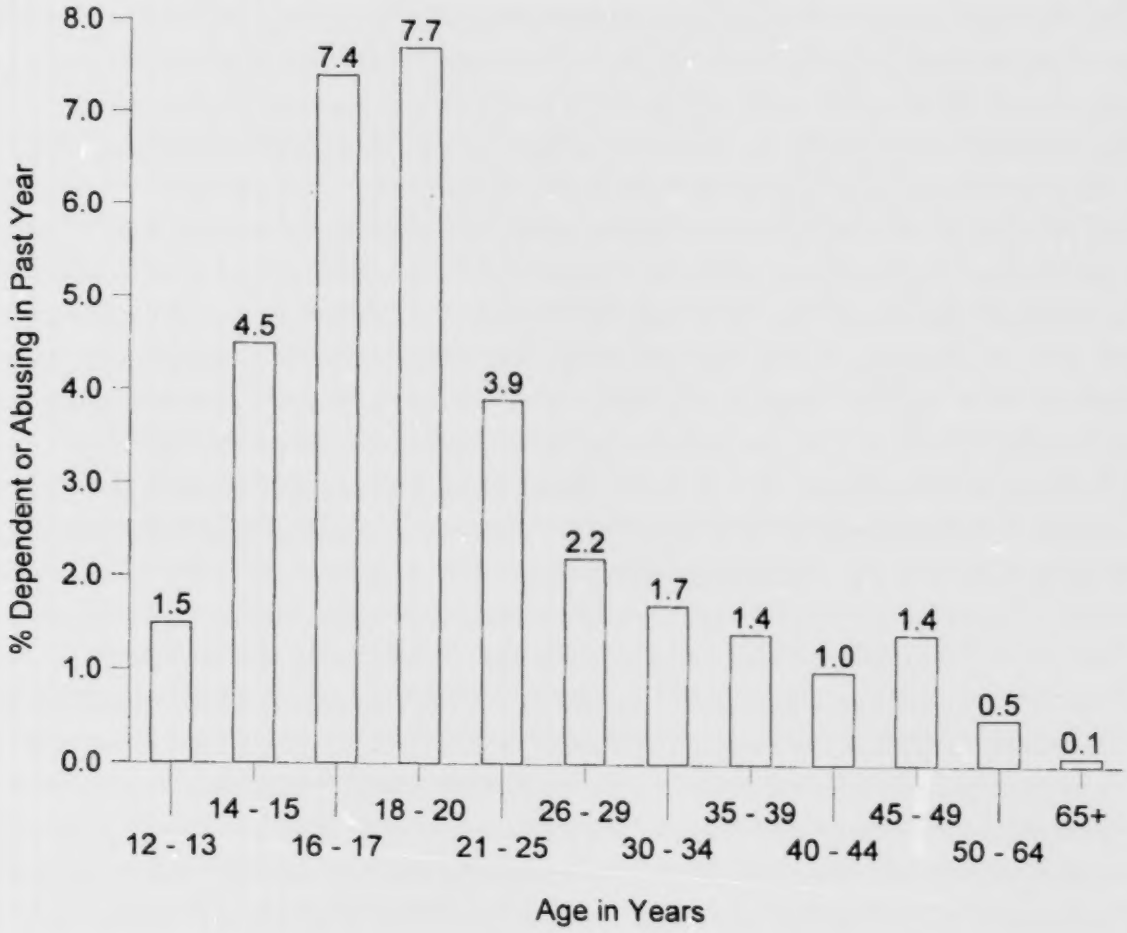
Figure 3 Past Year Alcohol Dependence or Abuse among Adults, by Age at First Use of Alcohol: 2000



Note: Dependence is based on the definition found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

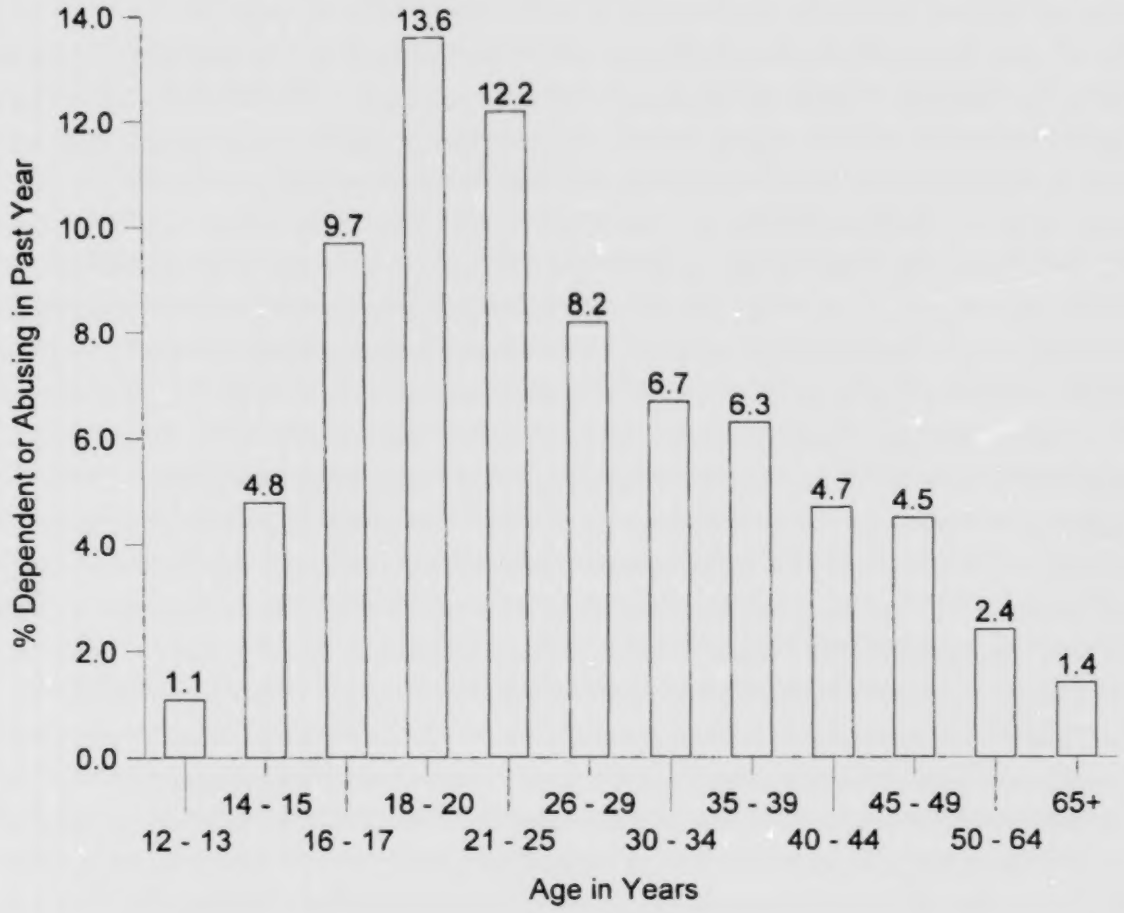
Figure 4 Past Year Illicit Drug Dependence or Abuse, by Age: 2000



Note: Dependence is based on the definition found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994). "Illicit drug" refers to marijuana/hashish, cocaine (including crack), inhalants, hallucinogens (including LSD and PCP), heroin, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

Figure 5 Past Year Alcohol Dependence or Abuse, by Age: 2000



Note: Dependence is based on the definition found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

- With the exception of inhalants and the nonmedical use of psychotherapeutics, the rates of dependence on or abuse of specific illicit drugs were generally higher for persons aged 18 to 25 than for persons aged 12 to 17. The rate for inhalant dependence or abuse was 0.4 percent among persons aged 12 to 17 and 0.1 percent among persons aged 18 to 25. The rate of nonmedical dependence on or abuse of prescription psychotherapeutics was 1.1 percent among youths aged 12 to 17 and 1.0 percent among young adults aged 18 to 25.

2.3 Gender

- In 2000, males were more likely than females to be classified with dependence on or abuse of illicit drugs. Among males, 2.4 percent were classified with illicit drug dependence or abuse, while only 1.5 percent of females were classified with illicit drug dependence or abuse.

- Among youths aged 12 to 17, the rate of illicit drug dependence or abuse for males was also higher than the rate for females (4.8 vs. 4.1 percent, respectively).

- Males were more than twice as likely as females to be classified with dependence on or abuse of alcohol (7.7 vs. 3.3 percent, respectively) (Figure 6).

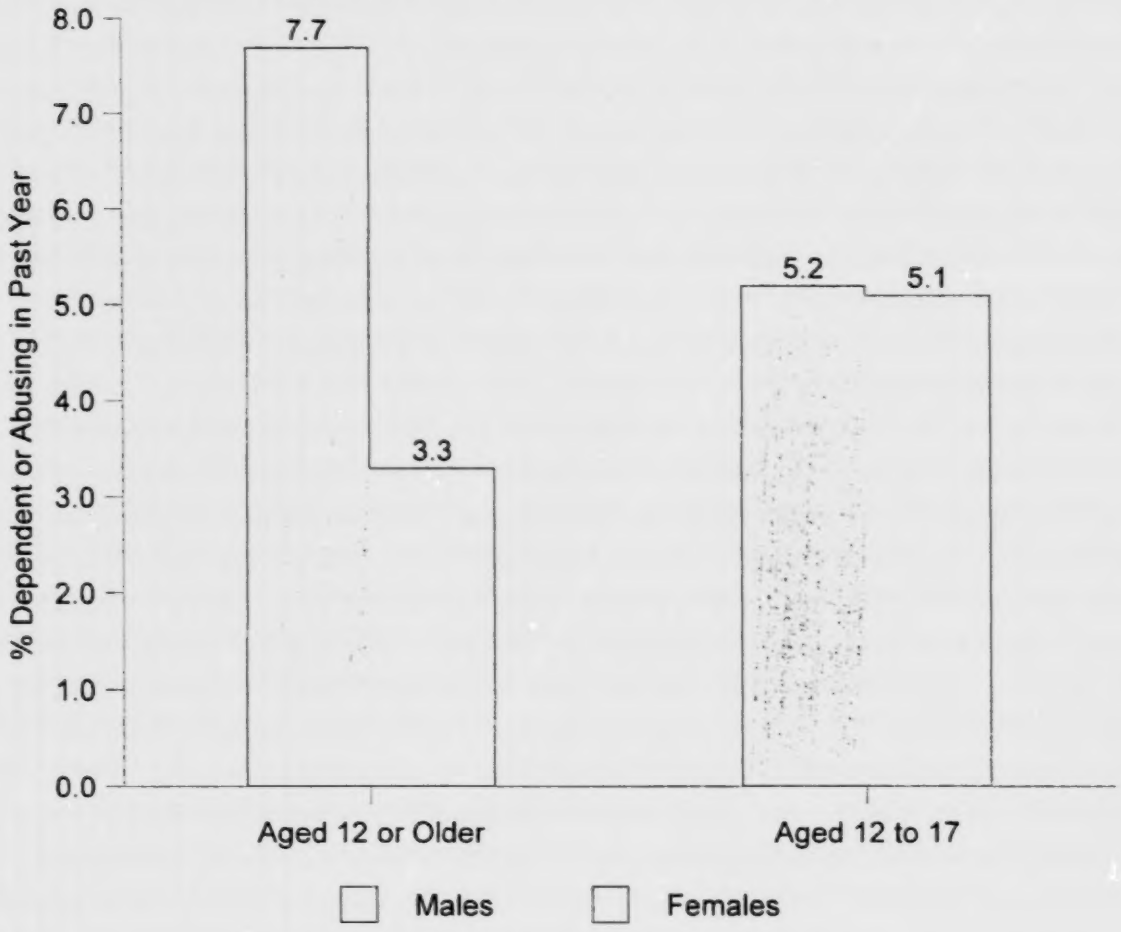
- However, among youths aged 12 to 17, the rates for alcohol dependence or abuse were similar for males (5.2 percent) versus females (5.1 percent).

- For blacks aged 12 to 17, the percentage classified with dependence on or abuse of illicit drugs was significantly higher for males than for females (4.5 vs. 2.4 percent, respectively), while for whites and Hispanics the rate for males was not significantly different from the rate for females (4.8 vs. 4.4 percent, and 5.2 vs. 5.0 percent, respectively).

2.4 Race/Ethnicity

- For all persons aged 12 or older, blacks had a higher rate for illicit drug dependence or abuse than whites (2.3 percent for blacks and 1.8 percent for whites). However, for youths aged 12 to 17, the percentage of whites with dependence or abuse (4.6 percent) was significantly higher than the percentage of blacks with dependence on or abuse of illicit drugs (3.5 percent).

Figure 6 Past Year Alcohol Dependence or Abuse, by Age and Gender: 2000



Note: Dependence is based on the definition found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

- Among persons aged 12 or older, the rate for illicit drug dependence or abuse was highest among persons reporting more than one race (5.4 percent). The next highest rate was among American Indians/Alaska Natives (4.1 percent). Asians had the lowest rate for illicit drug dependence or abuse (0.7 percent).

- In 2000 among persons aged 12 or older, the percentage of whites classified with dependence on or abuse of alcohol (5.5 percent) was not significantly different from the percentage among blacks (4.7 percent) (Figure 7). Among youths aged 12 to 17, whites were more likely than blacks to be classified with dependence on or abuse of alcohol. In this age group, the percentage of whites with dependence on or abuse of alcohol was 5.8 percent, and the percentage of blacks with dependence on or abuse of alcohol was 2.7 percent.

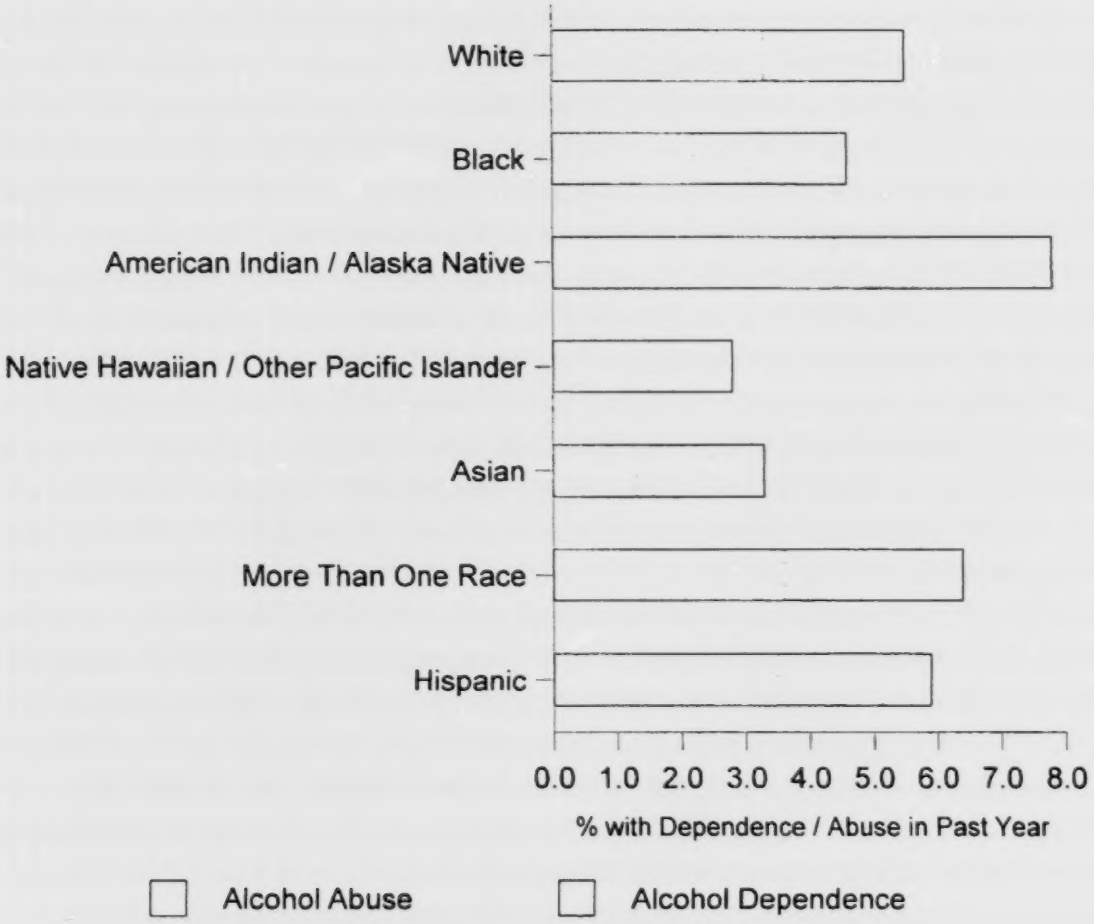
- Compared with other racial/ethnic categories, American Indians/Alaska Natives aged 12 or older had the highest rate of alcohol dependence or abuse (7.9 percent). The next highest rate was observed for persons reporting more than one race (6.4 percent). Hispanics had the closest rate (5.9 percent) to the rate for more than one race. The rate of alcohol dependence or abuse among Asians was 3.3 percent. Native Hawaiians/other Pacific Islanders had the lowest rate of alcohol dependence or abuse (2.8 percent).

2.5 Education

- As was the case for illicit drug use, illicit drug dependence or abuse was highly correlated with educational status. Among adults aged 18 or older, those who had not completed high school had the highest rate of illicit drug dependence (2.5 percent), while college graduates had the lowest rate of illicit drug dependence (1.1 percent).

- Alcohol dependence or abuse was also correlated with educational status. The rate of alcohol dependence or abuse ranged from 6.5 percent among adults aged 18 or older who had not completed high school to 4.3 percent among college graduates.

Figure 7 Past Year Alcohol Dependence or Abuse among Persons Aged 12 or Older, by Race/Ethnicity: 2000



Note: Dependence is based on the definition found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

2.6 Employment

- Rates of illicit drug dependence or abuse were correlated with current employment status. An estimated 6.7 percent of unemployed adults 18 or older were classified with dependence on or abuse of illicit drugs, while only 1.5 percent of full-time employed adults were classified as such.

- Rates of alcohol dependence or abuse were also associated with employment status. An estimated 10.7 percent of unemployed adults aged 18 or older were classified with dependence on or abuse of alcohol, while only 6.2 percent of full-time employed adults were classified with dependence on or abuse of alcohol.

2.7 Geographic Area

- Rates for illicit drug dependence or abuse among persons aged 12 or older varied by geographic division in 2000. The lowest rate of illicit drug dependence or abuse was observed in the South Atlantic, East South Central, and West North Central divisions (1.5 percent), and the highest rate was in the New England division (2.9 percent).

- Rates for alcohol dependence or abuse also varied by geographic division, ranging from 4.6 percent in the South Atlantic division to 7.3 percent in the New England division.

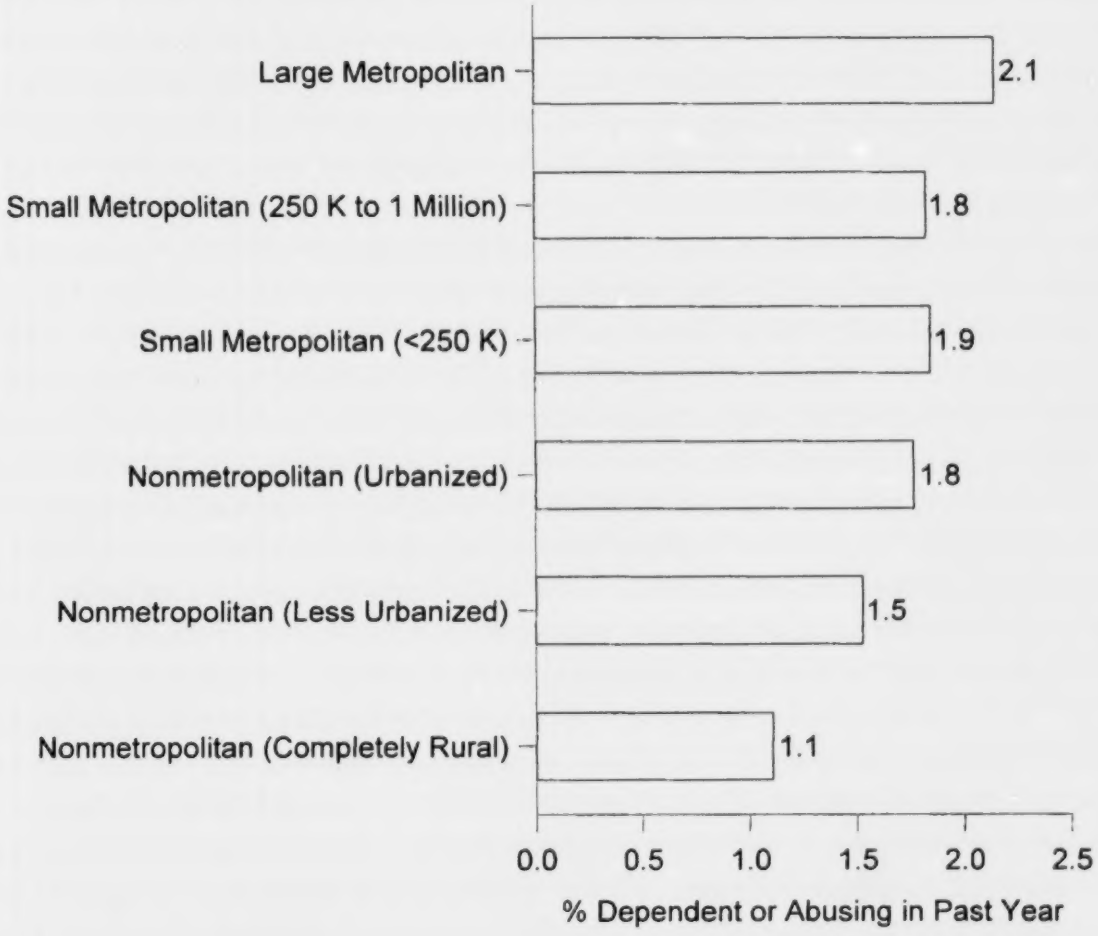
- In 2000, the rate for illicit drug dependence or abuse was lowest in completely rural counties (1.1 percent) and highest in large metropolitan counties (2.1 percent) (Figure 8).

- Among youths aged 12 to 17, the rate for illicit drug dependence or abuse was highest in rural counties (5.5 percent) and lowest in less urbanized nonmetropolitan counties (3.8 percent).

- The rates for alcohol dependence or abuse among persons aged 12 or older varied by county type, ranging from 4.8 percent in less urbanized nonmetropolitan areas to 5.7 percent in large metropolitan counties.

- Among youths aged 12 to 17, the rate for alcohol dependence or abuse was highest in rural counties (8.0 percent) and lowest in large metropolitan counties (4.5 percent).

Figure 8 Past Year Illicit Drug Dependence or Abuse, by County Type: 2000



Note: Dependence is based on the definition found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994). "Illicit drug" refers to marijuana/hashish, cocaine (including crack), inhalants, hallucinogens (including LSD and PCP), heroin, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

3. Treatment for a Substance Use Problem

Estimates described in this chapter refer to treatment received to reduce or stop drug or alcohol use, or for medical problems associated with the use of drugs or alcohol. For the purposes of this chapter, "treatment" is defined as any treatment received in the past year at any location, such as in a hospital, at a rehabilitation facility (outpatient or inpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail. Some estimates only include treatment received at the most recent treatment within the past year, such as estimates of people receiving treatment for marijuana at their most recent treatment. The definition of treatment in this chapter is different from the definition of treatment used in measuring the treatment gap and described in the next chapter. The definition of treatment used in measuring the treatment gap does not include treatment at an emergency room, private doctor's office, self-help group, prison or jail, or at a hospital as an outpatient.

3.1 Overview

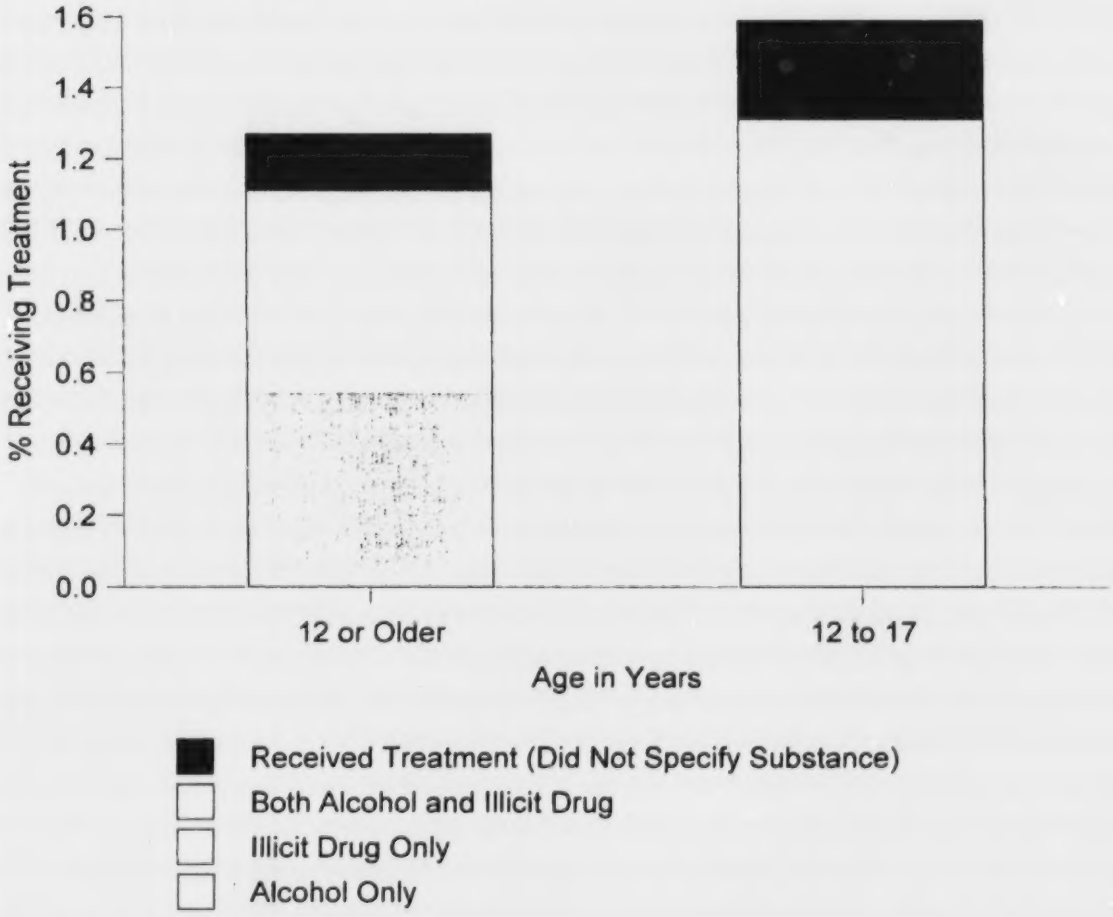
- An estimated 2.8 million people aged 12 or older (1.3 percent of the population) received some kind of treatment for a problem related to the use of alcohol or illicit drugs in the 12 months prior to being interviewed in 2000. Of these, 0.9 million received treatment for both alcohol and illicit drugs (0.4 percent of the total population). An estimated 0.4 million persons received treatment for illicit drugs but not alcohol (0.2 percent of the total population); an estimated 1.2 million people received treatment for alcohol but not illicit drugs (0.5 percent of the total population) (Figure 9). (Estimates for alcohol only, illicit drug only, and both do not add to the total because the total includes persons who reported receiving treatment but did not report whether the treatment was for alcohol or illicit drugs.)

3.2 Age

- In 2000, 1.6 percent of youths aged 12 to17 and 2.0 percent of young adults aged 18 to 25 received treatment for an alcohol or illicit drug problem in the past year. In comparison, 1.5 to 1.6 percent of adults aged 30 to 44 received treatment for an alcohol or illicit drug problem.

- An estimated 0.2 million youths aged 12 to 17 received treatment for an illicit drug problem in 2000 (1.1 percent of all youths aged 12 to 17), and 0.3 million adults aged 18 to 25 received treatment for an illicit drug problem (0.9 percent of all adults aged 18 to 25).

Figure 9 Past Year Substance Abuse Treatment among Persons Aged 12 or Older and among Youths Aged 12 to 17: 2000



Note: "Illicit drug" refers to marijuana/hashish, cocaine (including crack), inhalants, hallucinogens (including LSD and PCP), heroin, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

- An estimated 0.2 million youths aged 12 to 17 received treatment for an alcohol problem (1.0 percent of all youths aged 12 to 17), and 0.4 million young adults aged 18 to 25 received treatment for an alcohol problem (1.4 percent of all adults aged 18 to 25).

3.3 Gender

- In 2000, males were more likely to receive treatment compared with females among persons aged 12 or older as well as among youths aged 12 to 17. Among persons aged 12 or older, 1.8 percent of males received treatment for an alcohol or illicit drug problem in the past year compared with 0.8 percent of females. Among youths aged 12 to 17, the percentage of males who received treatment for an alcohol or illicit drug problem was 1.8 percent, and the percentage of females who received treatment was 1.3 percent, even though there were comparable rates of abuse and dependence within this age group.

- Among persons aged 12 or older, males were more than twice as likely as females to receive alcohol treatment in 2000 (1.4 vs. 0.5 percent, respectively). However, among youths aged 12 to 17, the percentage of males receiving treatment for an alcohol problem was not significantly higher than the percentage of females receiving treatment for an alcohol problem (1.1 vs. 0.9 percent, respectively).

- Among black youths aged 12 to 17, males were more than 3 times as likely to receive treatment for an illicit drug problem compared with females (1.1 vs. 0.3 percent, respectively).

3.4 Race/Ethnicity

- Among persons aged 12 or older, the rate for alcohol or illicit drug treatment during the 12 months prior to the interview was highest among American Indians/Alaska Natives (4.0 percent). However, this rate was not significantly different from the rate for whites (1.3 percent). The rate for blacks was 1.5 percent, and the rate for Hispanics was 1.1 percent. Only 0.3 percent of Asians had received treatment for substance use problems in the past 12 months.

- Although among youths aged 12 to 17 the percentage receiving treatment for alcohol or illicit drugs was highest among American Indians/Alaska Natives (5.0 percent), this rate was not significantly different from the rate among whites (1.7 percent). Hispanics were twice as likely as blacks to receive treatment for alcohol or illicit drugs during the 12 months prior to the interview (2.0 vs. 1.0 percent, respectively).

3.5 Education

- As in the case for dependence on or abuse of illicit drugs or alcohol, treatment rates for a problem with illicit drugs or alcohol were correlated with educational status. Among persons aged 18 or older in 2000, college graduates had the lowest rates of treatment (0.5 percent). Adults with less than a high school education had the highest rate (1.9 percent). The rates among high school graduates and those with some college were 1.4 and 1.2 percent, respectively.

3.6 Employment

- Treatment rates for illicit drugs or alcohol were also correlated with employment. The rate of treatment for both illicit drugs and alcohol was highest among unemployed persons (1.5 percent). The rate among persons employed part time was 0.5 percent, and the rate among persons employed full time was 0.3 percent.

3.7 Geographic Area

- Treatment rates for a problem with illicit drugs or alcohol did not vary greatly by county type in 2000. The rate was lowest in completely rural counties (0.9 percent) and highest for counties in small metropolitan areas with populations fewer than 250,000 and urbanized counties outside metropolitan areas (1.4 percent).

- Treatment rates for a problem with illicit drugs or alcohol varied by geographic region and division in 2000. Rates were highest in the Midwest (1.6 percent) and lowest in the South (0.9 percent). The highest rate by division was observed for the West North Central division (1.8 percent), and the lowest rate was observed for the East South Central division (0.6 percent).

3.8 Location of Treatment

Note: The estimates and figure for this section include persons reporting more than one location.

- Among the 2.1 million persons aged 12 or older who received alcohol treatment in the past year, more people received treatment at a self-help group than any other location (0.5 million people). An estimated 0.3 million people received alcohol treatment at each of the following three locations: (a) an inpatient rehabilitation facility, (b) an outpatient rehabilitation facility, and (c) an outpatient mental health center.

- The estimated number of people receiving treatment for alcohol in the past year at a hospital as an inpatient was essentially equal to the estimated number of people receiving treatment at a private doctor's office (0.2 million people). The number of people who received treatment at a prison or jail was essentially equal to the number of people who received treatment at an emergency room (0.1 million people).

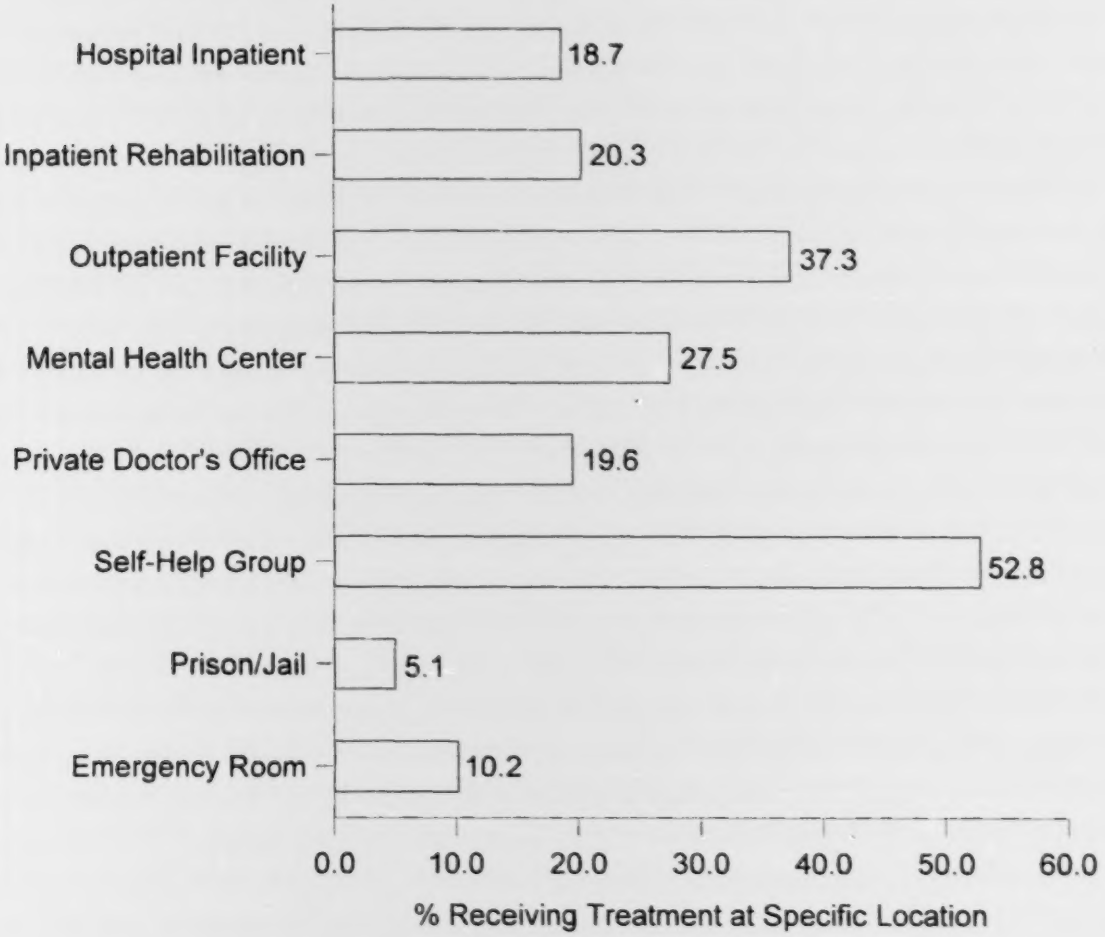
- In 2000, the pattern in rates of treatment at different locations for a problem with illicit drugs was similar to the pattern in rates of treatment at different locations for a problem with alcohol. Among the 1.3 million people who received treatment for an illicit drug problem in the past year, most people received treatment at a self-help group (0.4 million persons). Treatment at an outpatient rehabilitation facility was the next largest group of people (0.3 million persons).

- The number of people receiving treatment at an inpatient rehabilitation center for a problem with illicit drugs was essentially equal to the number of people receiving treatment at an outpatient mental health center (0.2 million people). There were 0.1 million people who received treatment for illicit drugs at a prison or jail (5.7 percent of the people receiving treatment for illicit drugs in the past year). Estimates for an emergency room or a private doctor's office were not precise enough to report.

- Slightly more than half of the people receiving any illicit drug or alcohol treatment in the past year received treatment at a self-help group (52.8 percent). Over a third of the people who received any illicit drug or alcohol treatment received treatment at an outpatient rehabilitation center (37.3 percent), and over one quarter received outpatient treatment at a mental health center (27.5 percent) (Figure 10).

- Among persons receiving treatment for alcohol or illicit drugs in the past year, the percentage receiving treatment was about the same at each of the following three locations: (a) an inpatient rehabilitation center, (b) a private doctor's office, and (c) a hospital as an inpatient (20.3, 19.6, and 18.7 percent, respectively). There were 0.3 million persons receiving treatment at an emergency room (10.2 percent of the people who received treatment for alcohol or drugs) and 0.1 million persons receiving treatment at a prison or jail (5.1 percent of the people receiving treatment for alcohol or drugs).

Figure 10 Past Year Treatment Received at Specific Locations among Persons Aged 12 or Older Who Received Any Illicit Drug or Alcohol Treatment in the Past Year: 2000



Note: Respondents could indicate multiple locations of treatment; thus, these response categories are not mutually exclusive. "Illicit drug" refers to marijuana/hashish, cocaine (including crack), inhalants, hallucinogens (including LSD and PCP), heroin, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

3.9 Treatment for Specific Substances at Most Recent Treatment

Note: The estimates and figure for this section include persons reporting more than one substance.

- In 2000, among persons aged 12 or older, more people received treatment for alcohol at their most recent treatment in the past year than any other substance (1.9 million persons). This represents 68.0 percent of all people receiving treatment for a substance use problem in the past year. The substance with the next highest rate was marijuana. There were 0.7 million people who received treatment for marijuana (25.2 percent of all people receiving treatment for a substance use problem). The next highest rate was for cocaine (17.5 percent of all persons receiving treatment for a substance use problem). For hallucinogens, the rate was 9.9 percent, for stimulants it was 8.6 percent, and for inhalants it was 5.8 percent (Figure 11).

- Almost half of all youths aged 12 to 17 receiving treatment in the past year received treatment for marijuana at their most recent treatment (49.2 percent). Among youths aged 12 to 17 receiving treatment in the past year, 9.2 percent received treatment for hallucinogens, 8.2 percent for pain relievers, 7.9 percent for cocaine, 7.3 percent for inhalants, 4.5 percent for tranquilizers, 4.2 percent for stimulants, 2.0 percent for sedatives, and 1.6 percent for heroin.

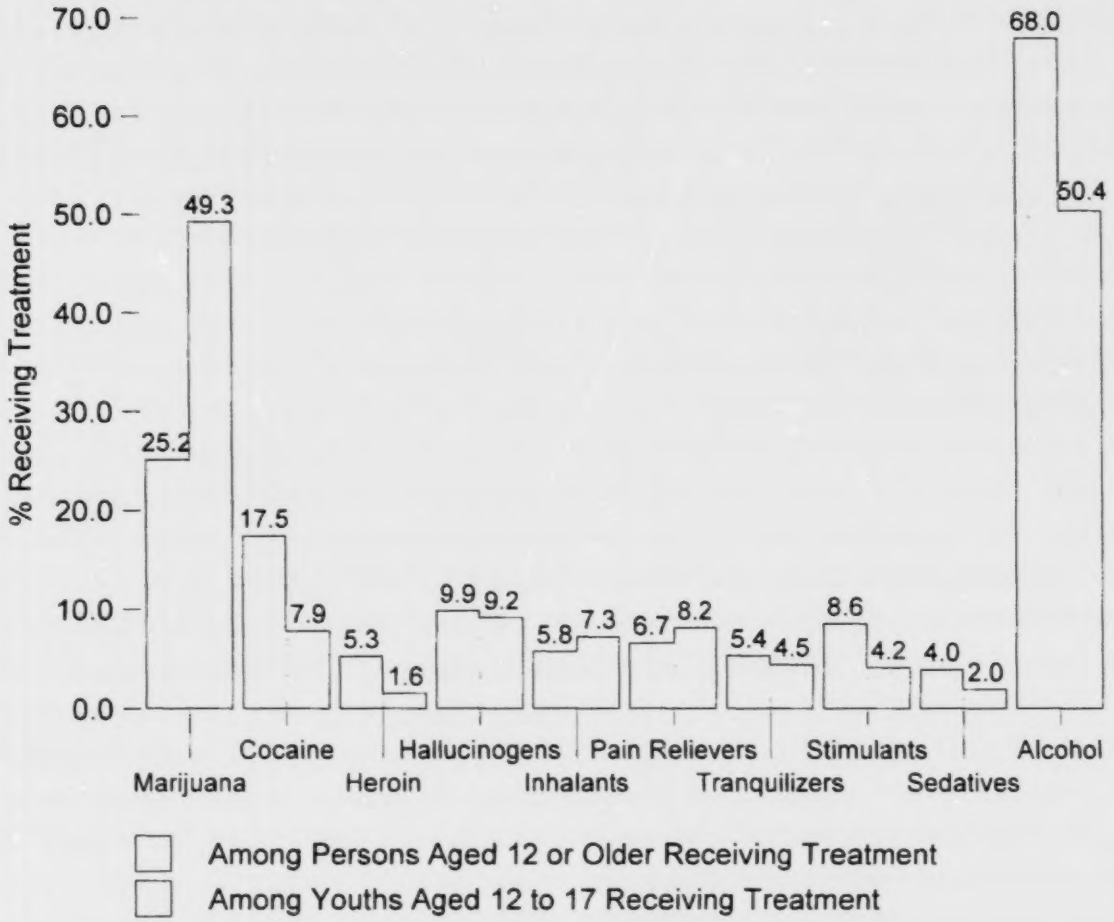
3.10 Source of Payments for Most Recent Treatment

Note: The estimates and figure for this section include persons reporting more than one source.

- Among the 2.8 million persons aged 12 or older who received any alcohol or illicit drug treatment in the past year, more paid for all or part of their most recent treatment with their own savings or earnings than any other source (47.4 percent); for 27.8 percent of the persons aged 12 or older who received any alcohol or illicit drug treatment in the past year, private health insurance paid for all or part of the most recent treatment; for 18.0 percent, public assistance other than Medicaid paid for all or part of their most recent treatment; for 14.8 percent, Medicare paid; for 16.4 percent, family members paid; for 13.6 percent, Medicaid paid; for 8.3 percent, their employer paid; for 9.1 percent, the courts paid; and for 5.6 percent, CHAMPUS, TRICARE, CHAMPVA, the VA, or some other military health care paid (Figure 12).

- The pattern in rates for source of payment for all or part of the most recent treatment among persons receiving only illicit drug treatment and among persons receiving only alcohol treatment is similar to the pattern among persons receiving any illicit drug or alcohol treatment.

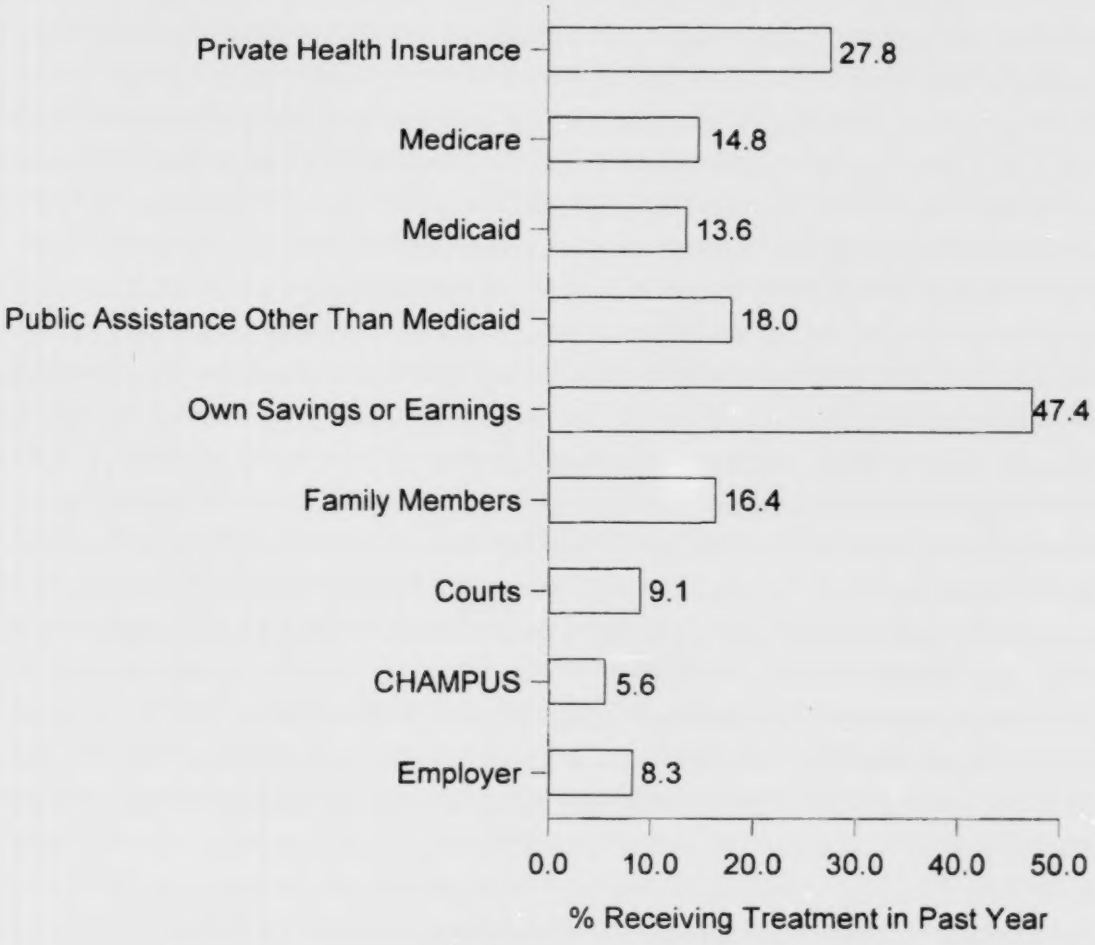
Figure 11 Past Year Treatment for Specific Substances at Most Recent Treatment among Persons Aged 12 or Older and among Youths Aged 12 to 17 Who Received Treatment in the Past Year: 2000



Note: Respondents could indicate multiple substances for which they received their most recent treatment; thus, these response categories are not mutually exclusive. "Illicit drug" refers to marijuana/hashish, cocaine (including crack), inhalants, hallucinogens (including LSD and PCP), heroin, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

Figure 12 Source of Payment for Most Recent Treatment for Any Illicit Drug or Alcohol Use among Persons Receiving Treatment in the Past Year: 2000



Note: Respondents could indicate multiple sources of payment for their most recent treatment; thus, these response categories are not mutually exclusive. "Illicit drug" refers to marijuana/hashish, cocaine (including crack), inhalants, hallucinogens (including LSD and PCP), heroin, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

- Among the 0.2 million youths aged 12 to 17 who received any illicit drug or alcohol treatment in the past year, more paid for all or part of their most recent treatment with private health insurance (29.2 percent); for 26.4 percent, all or part of their most recent treatment was paid for by family members; for 16.8 percent, Medicaid paid; for 14.6 percent, Medicare paid; for 12.4 percent, the courts paid; for 2.1 percent, CHAMPUS, TRICARE, CHAMPVA, the VA, or some other military health care paid; and for 1.4 percent, their employer paid.

4. Needing and Receiving Treatment for Illicit Drug Use

This chapter addresses the need for and receipt of treatment for an illicit drug problem. It includes estimates of "treatment need," "specialty treatment," and the "treatment gap" defined below:

- ***Treatment need*** is defined as dependence on or abuse of any illicit drug in the past year, or reporting having received treatment for an illicit drug use problem at a "specialty" substance abuse facility in the past year.
- ***Specialty*** substance abuse facilities include drug and alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient only), and mental health centers.
- The ***treatment gap*** is defined as the number of persons who needed treatment in the past year but did not receive treatment in specialty substance abuse treatment facilities.

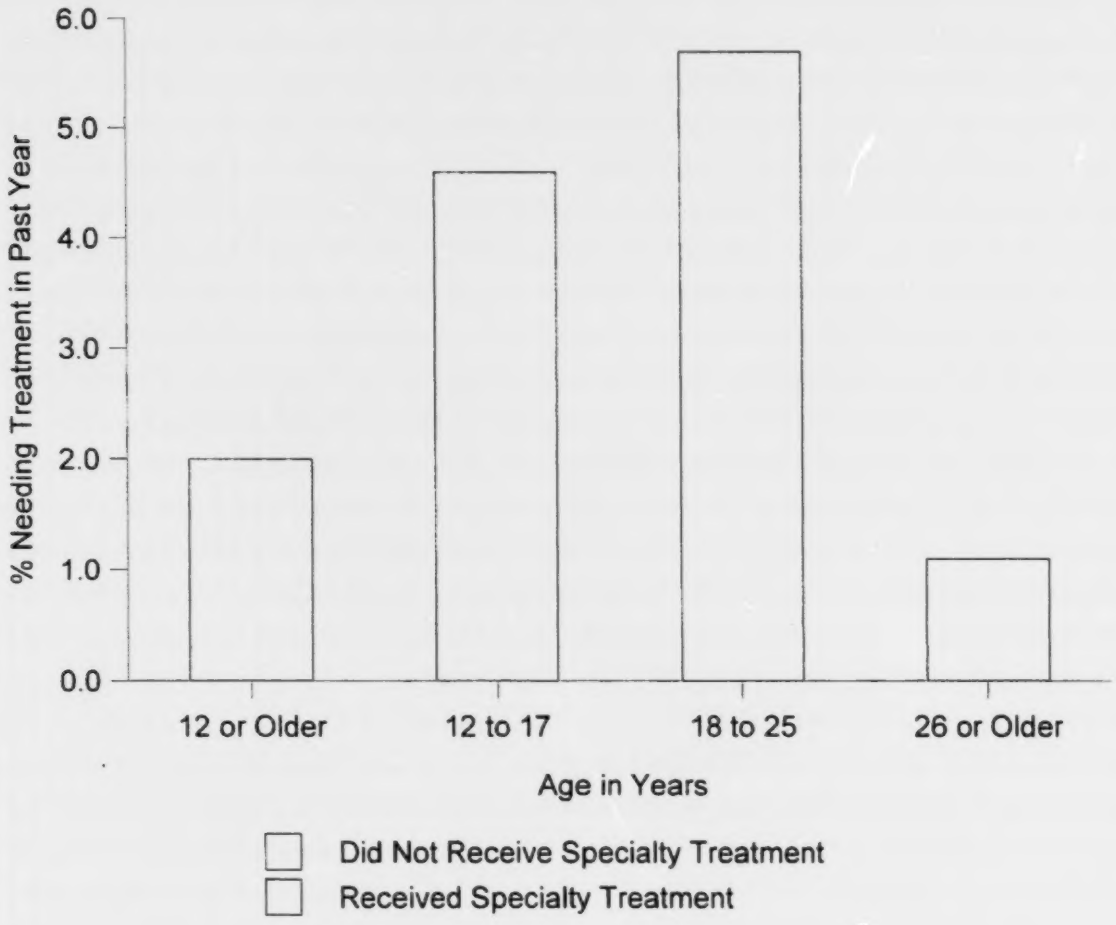
4.1 Overview

- In 2000, an estimated 4.7 million people aged 12 or older (2.1 percent of the total population) needed treatment for illicit drug abuse, including 4.3 million people classified with illicit drug dependence or abuse and another 0.3 million people who received specialty treatment but were not dependent or abusing. Of those who needed treatment, 0.8 million people (16.6 percent of the people who needed treatment) received treatment at a specialty facility.
- The treatment gap was estimated to be 3.9 million people (1.7 percent of the total population).
- Rates for illicit drug abuse treatment need showed similar patterns by demographic subgroup to rates for illicit drug dependence or abuse.

4.2 Age

- For the youngest age group (12 to 17), an estimated 1.1 million youths (4.6 percent of the population aged 12 to 17) needed treatment for an illicit drug abuse problem. Of this group, only 0.1 million youths (11.4 percent of the 12 to 17 year olds who needed treatment) received treatment, and 1.0 million youths were defined as part of the treatment gap (Figure 13).

Figure 13 Past Year Illicit Drug Abuse Treatment Need and Receipt, by Age: 2000



Note: "Illicit drug" refers to marijuana/hashish, cocaine (including crack), inhalants, hallucinogens (including LSD and PCP), heroin, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

- The percentage of the population who needed treatment was highest among persons aged 18 to 25 (5.7 percent) and lowest among persons aged 26 or older (1.1 percent). Among persons needing treatment, the percentage receiving specialty treatment was highest for persons aged 26 years or older (26.3 percent) and lowest for persons aged 18 to 25 (8.6 percent) (Figure 13).

4.3 Gender

- Among persons aged 12 or older, the percentage of males needing treatment was higher than the percentage of females needing treatment (2.6 vs. 1.6 percent, respectively). On the other hand, the percentage receiving specialty treatment among those needing treatment was higher for females than males (19.0 vs. 15.0 percent), but this was not a statistically significant difference.

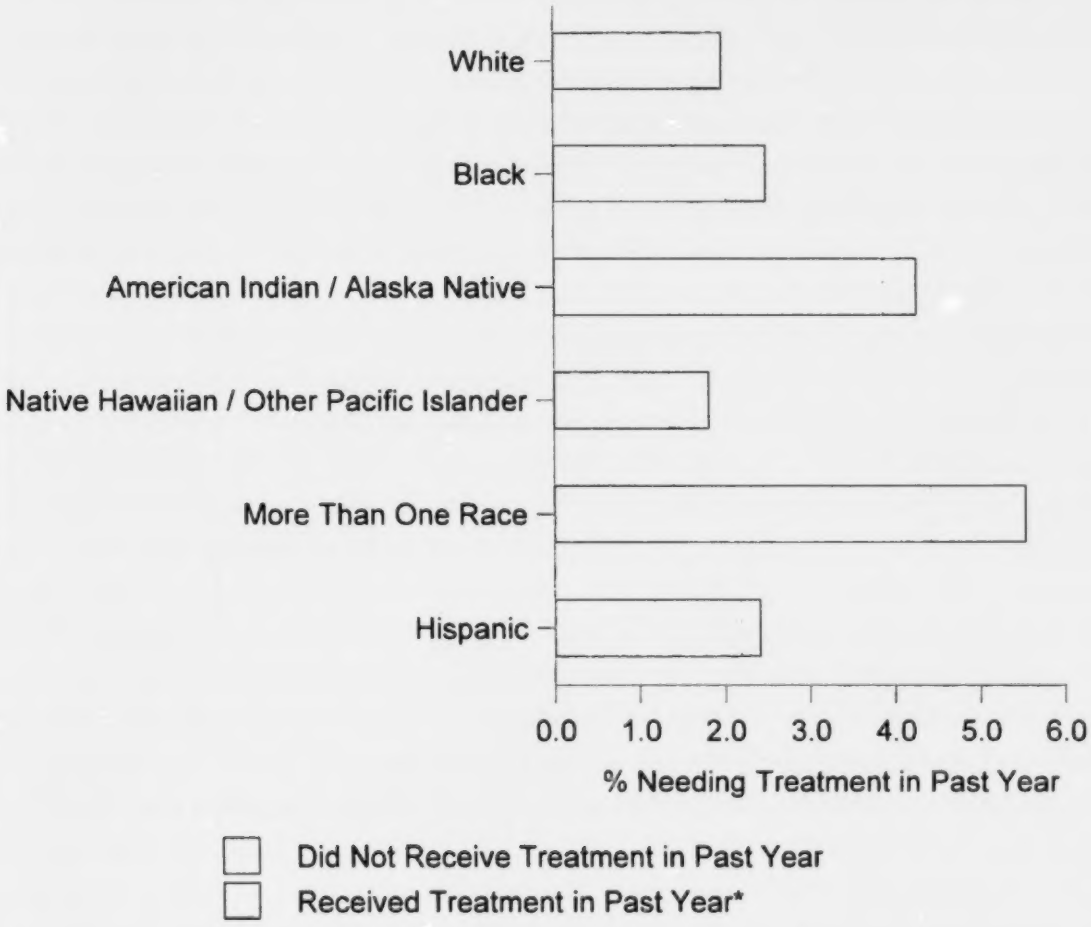
- Among youths aged 12 to 17, the percentage of males needing treatment for an illicit drug problem was also higher than the percentage of females needing treatment (5.0 vs. 4.2 percent, respectively). The percentage receiving specialty treatment among those needing treatment was higher for males than females (13.0 vs. 9.4 percent), but the difference was not statistically significant.

4.4 Race/Ethnicity

- In 2000, 2.0 percent of all whites needed treatment. Among whites needing treatment, 17.8 percent received treatment at a specialty facility. The rate needing treatment was almost the same among blacks and Hispanics (2.5 vs. 2.4 percent, respectively). However, 0.5 percent of all blacks received treatment, but only 0.2 percent of all Hispanics received treatment. The "more than one race" racial/ethnic grouping had the highest percentage of people needing treatment (5.5 percent) (Figure 14).

- Among youths aged 12 to17, American Indians/Alaska Natives were the racial/ethnic group with the highest percentage of people needing treatment (10.7 percent).

Figure 14 Past Year Illicit Drug Abuse Treatment Need and Receipt, by Race/Ethnicity: 2000



Note: "Illicit drug" refers to marijuana/hashish, cocaine (including crack), inhalants, hallucinogens (including LSD and PCP), heroin, or any prescription-type psychotherapeutic used nonmedically. Data are not presented for Asians because the estimate for receiving treatment has low precision.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

4.5 Education

- As was the case for illicit drug dependence or abuse, needing treatment was highly correlated with educational status. Among adults aged 18 or older, those who had not completed high school had the highest percentage of persons needing treatment (2.9 percent), while college graduates had the lowest percentage of persons needing treatment for illicit drugs (1.1 percent). The percentage who received treatment among persons who needed treatment was 25.4 percent for those with less than a high school education.

4.6 Employment

- Current employment status was also correlated with needing treatment. An estimated 7.7 percent of unemployed adults aged 18 or older needed treatment for illicit drugs, while only 1.6 percent of full-time employed adults needed treatment for illicit drugs.

4.7 Geographic Area

- Similar to rates for illicit drug dependence or abuse, the rate needing treatment was lowest in the East South Central division (1.6 percent) and highest in the New England division (3.2 percent).

- The percentage of persons needing treatment was essentially the same for persons in large metropolitan, small metropolitan, and urbanized nonmetropolitan counties (2.3, 2.0, and 2.0 percent, respectively). The percentage needing treatment was lowest in completely rural counties (1.2 percent). The percentage who received treatment among those who needed treatment was essentially the same in large and small metropolitan counties (16.2 vs. 15.4 percent).

References

American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders* (3rd rev. ed.). Washington, DC: Author.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

Aquilino, W. S. (1994). Interview mode effects in surveys of drug and alcohol use: A field experiment. *Public Opinion Quarterly, 58*, 210-240.

Butler, M. A., & Beale, C. L. (1994, September). *Rural–urban continuum codes for metro and non-metro counties, 1993* (Staff Report No. 9425; codes also available at http://www.ers.usda.gov:80/briefing/rural/data/code93.txt). Washington, DC: U.S. Department of Agriculture, Economic Research Service.

Cisin, I., & Parry, H. J. (1980). Sensitivity of survey techniques in measuring illicit drug use. In J. D. Rittenhouse (Ed.), *Developmental papers: Attempts to improve the measurement of heroin use in the National Survey*. Rockville, MD: National Institute on Drug Abuse.

Deville, J. C., & Särndal, C. E. (1992). Calibration estimating in survey sampling. *Journal of the American Statistical Association, 87*, 376-382.

Folsom, R. E., & Singh, A. C. (2000, August). *The general exponential model for sampling weight calibration for extreme values, nonresponse, and poststratification*. Presented at the Joint Statistical Meetings of the American Statistical Association, Indianapolis, IN.

Gfroerer, J. (1993). An overview of the National Household Survey on Drug Abuse and related methodological research. In *Proceedings of the Survey Research Section of the American Statistical Association, Joint Statistical Meetings, Boston, Massachusetts, August 1992* (pp. 464-469). Alexandria, VA: American Statistical Association.

Gfroerer, J., Eyerman, J. D., & Chromy, J. R. (in press). *Methodological issues in the 1999 redesign of the National Household Survey on Drug Abuse* (Methodology Series M-4, DHHS Publication No. SMA 01-3545; to be available at http://www.samhsa.gov/oas/methods.htm#NHSDAmethods). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Gfroerer, J., Wright, D., & Kopstein, A. (1997). Prevalence of youth substance use: The impact of methodological differences between two national surveys. *Drug and Alcohol Dependence, 47*(1), 19-30.

Grant, B. F. (1995). Comorbidity between DSM-IV drug use disorders and major depression: Results of a national survey of adults. *Journal of Substance Abuse, 7*, 481-497.

Harrell, A. V. (1997). The validity of self-reported drug use data: The accuracy of responses on confidential self-administered answer sheets. In L. Harrison & A. Hughes (Eds.), *The validity of self-reported drug use: Improving the accuracy of survey estimates* (NIDA Research Monograph 167, NIH Publication No. 97-4147, pp. 37-58; available at http://165.112.78.61/pdf/monographs/monograph167/download167.html). Rockville, MD: National Institute on Drug Abuse.

Harrison, L., & Hughes, A. (Eds.). (1997). *The validity of self-reported drug use: Improving the accuracy of survey estimates* (NIDA Research Monograph 167, NIH Publication No. 97-4147; available at http://165.112.78.61/pdf/monographs/monograph167/download167.html). Rockville, MD: National Institute on Drug Abuse.

Kessler, R. C., McGonagle, K. A., Zhao, S., Nelson, C. B., Hughes, M., Eshleman, S., Wittchen, H. U., & Kendler, K. S. (1994). Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States: Results from the National Comorbidity Survey. *Archives of General Psychiatry, 51*(1), 8-19.

Rao, J. N. K., & Wu, C. F. J. (1985). Inference from stratified samples: Second-order analysis of three methods of nonlinear statistics. *Journal of the American Statistical Association 80*, 620-630.

Rouse, B. A., Kozel, N. J., & Richards, L. G. (Eds.). (1985). *Self-report methods of estimating drug use: Meeting current challenges to validity* (NIDA Research Monograph 57, DHHS Publication No. ADM 85-1402). Rockville, MD: National Institute on Drug Abuse.

Shah, B. V., Barnwell, B. G., & Bieler, G. S. (1996). *SUDAAN software for the statistical analysis of correlated data*. Research Triangle Park, NC: Research Triangle Institute.

Substance Abuse and Mental Health Services Administration. (1998). *Analyses of substance abuse and treatment need issues* (DHHS Publication No. SMA 98-3227, Analytic Series A-7). Rockville, MD: Office of Applied Studies.

Substance Abuse and Mental Health Services Administration. (2000). *Uniform Facility Data Set (UFDS): 1998* (DHHS Publication No. SMA 00-3463, DASIS Series S-10; available at http://www.samhsa.gov/oas/dasis.htm#nssats2). Rockville, MD: Office of Applied Studies.

Substance Abuse and Mental Health Services Administration. (2001a). *Summary of findings from the 2000 National Household Survey on Drug Abuse* (DHHS Publication No. SMA 01-3549, NHSDA Series H-13; available at http://www.samhsa.gov/oas/NHSDA/2kNHSDA/2kNHSDA.htm). Rockville, MD: Office of Applied Studies.

Substance Abuse and Mental Health Services Administration. (2001b). *Treatment Episode Data Set (TEDS) 1994-1999: National admissions to substance abuse treatment services* (DHHS Publication No. SMA 01-3550, DASIS Series S-14; available at http://www.samhsa.gov/oas/dasis.htm#teds2). Rockville, MD: Office of Applied Studies.

Turner, C. F., Lessler, J. T., & Gfroerer, J. C. (Eds.). (1992). *Survey measurement of drug use: Methodological studies* (DHHS Publication No. ADM 92-1929). Rockville, MD: National Institute on Drug Abuse.

U.S. Bureau of the Census. (1992). *Census 1990 Microdata—Census of Population and Housing, 1990: Public use microdata U.S.* (machine-readable file). Washington, DC: Author.

U.S. Bureau of the Census. (2000). *Census projections: State population projections: 1995 to 2000*. Retrieved March 16, 2001, from http://www.census.gov/ and www.census.gov/population/www/projections/st_yr95to00.html

Wright, D., Gfroerer, J., & Epstein, J. (1997). Ratio estimation of hardcore drug use. *Journal of Official Statistics, 13*, 401-416.

Appendix A: Description of the Survey

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A.1 Sample Design

The 2000 NHSDA sample design was part of a coordinated 5-year sample design that will provide estimates for all 50 States plus the District of Columbia for the years from 1999 through 2003. The coordinated design facilitates 50 percent overlap in first-stage units (area segments) between each 2 successive years.

For the 5-year 50-State design, eight States were designated as large sample States (California, Florida, Illinois, Michigan, New York, Ohio, Pennsylvania, and Texas) with samples large enough to support direct state estimates. Sample sizes in these States ranged from 3,478 to 5,022. For the remaining 42 States and the District of Columbia, smaller, but adequate, samples were selected to support State estimates using small area estimation (SAE) techniques. Sample sizes in these States ranged from 828 to 1,200.

States were first stratified into a total of 900 field interviewer (FI) regions (48 regions in each large sample State and 12 regions in each small sample State). These regions were contiguous geographic areas designed to yield the same number of interviews on average. Within FI regions, adjacent Census blocks were combined to form the first-stage sampling units, called "area segments." A total of 96 segments per FI region were selected with probability proportional to population size in order to support the 5-year sample and any supplemental studies SAMHSA may choose to field. Eight sample segments per FI region were fielded during the 2000 survey year.

These sampled segments were allocated equally into four separate samples, one for each 3-month period during the year, so that the survey is essentially continuous in the field. In each of these area segments, a listing of all addresses was made from which a sample of 215,860 addresses was selected. Of these, 182,576 were determined to be eligible sample units. In these sample units (which can be either households or units within group quarters), sample persons were randomly selected using an automated screening procedure programmed in a handheld computer carried by the interviewers. The number of sample units completing the screening was 169,769. Youths aged 12 to 17 years and young adults aged 18 to 25 years were oversampled at this stage. Because of the large sample size associated with this sample, there was no need to oversample racial/ethnic groups, as was done on NHSDAs prior to 1999. A total of 91,961 persons were selected nationwide. Consistent with previous NHSDAs, the final respondent sample of 71,764 persons was representative of the U.S. general population (since 1991, the civilian noninstitutional population) aged 12 or older. In addition, State samples were

representative of their respective State populations. More detailed information on the disposition of the national screening and interview sample can be found in Appendix B. Also, additional tables showing sample sizes and estimated population counts for various demographic and geographic subgroups are presented in Appendix E.

The survey covers residents of households (living in houses/townhouses, apartments, condominiums, etc.), noninstitutional group quarters (e.g., shelters, rooming/boarding houses, college dormitories, migratory workers' camps, halfway houses), and civilians living on military bases. Although the survey covers these types of units (they are given a nonzero probability of selection), sample sizes of most specific groups are too small to provide separate estimates. Persons excluded from the survey include homeless people who do not use shelters, active military personnel, and residents of institutional group quarters, such as correctional facilities, nursing homes, mental institutions, and hospitals.

Unlike the 1999 NHSDA, which also included a supplemental sample using the paper-and-pencil-interviewing (PAPI) mode for the purposes of measuring trends with estimates comparable to 1998 and prior years, the 2000 NHSDA was fielded entirely using computer-assisted interviewing (CAI).

A.2 Data Collection Methodology

The data collection method used in the NHSDA involves in-person interviews with sample persons, incorporating procedures that would be likely to increase respondents' cooperation and willingness to report honestly about their illicit drug use behavior. Confidentiality is stressed in all written and verbal communications with potential respondents, respondents' names are not collected with the data, and CAI methods, including audio computer-assisted self-interviewing (ACASI), are used to provide a private and confidential setting to complete the interview.

Introductory letters are sent to sampled addresses, followed by an interviewer visit. A 5-minute screening procedure conducted using a handheld computer involves listing all household members along with their basic demographic data. The computer uses the demographic data in a preprogrammed selection algorithm to select 0-2 sample person(s), depending on the composition of the household. This selection process is designed to provide the necessary sample sizes for the specified population age groupings.

Interviewers attempt to immediately conduct the NHSDA interview with each selected person in the household. The interviewer requests the selected respondent to identify a private area

in the home away from other household members to conduct the interview. The interview averages about an hour and includes a combination of CAPI (computer-assisted personal interviewing) and ACASI. The interview begins in CAPI mode with the FI reading the questions from the computer screen and entering the respondent's replies into the computer. The interview then transitions to the ACASI mode for the sensitive questions. In this mode, a respondent can read the questions silently on the computer screen and/or listen to the questions read through headphones and enter his or her responses directly into the computer. At the conclusion of the ACASI section, the interview returns to the CAPI mode with the interviewer completing the questionnaire.

No personal identifying information is captured in the CAI record for the respondent. At the end of the day when an interviewer has completed one or more interviews, he or she transmits the data to RTI in Research Triangle Park, North Carolina, via home telephone lines.

A.3 Data Processing (CAI)

Interviewers initiate nightly data transmissions of interview data and call records on days when they work. Computers at RTI direct the information to a raw data file that consists of one record for each completed interview. Even though much editing and consistency checking is done by the CAI program during the interview, additional, more complex edits and consistency checks are completed at RTI. Resolution of most inconsistencies and missing data is done using machine-editing routines developed specifically for the CAI instrument. Cases are retained only if the respondent provided data on lifetime use of cigarettes and at least nine other substances.

A.3.1 Statistical Imputation

For some key variables that still have missing values after the application of editing, statistical imputation is used to replace missing data with appropriate response codes.

Beginning with the 1999 CAI sample, considerable changes were introduced in the imputation procedures that had been used in past NHSDAs. Three types of statistical imputation procedures are now used: (a) a standard unweighted sequential hot-deck imputation, (b) a univariate combination of weighted regression imputation and a random nearest neighbor hot-deck imputation (which could be viewed as a univariate predictive mean neighborhood method), and (c) a combination of weighted regression and a random nearest neighbor hot-deck imputation using a neighborhood where imputation is accomplished on several response variables at once (which could be viewed as a multivariate predictive mean neighborhood method). Because the primary demographic variables (e.g., age, gender, race/ethnicity, employment, education) are

imputed first, few variables are available for model-based imputation. Moreover, most demographic variables have a very low level of missingness. Hence, unweighted sequential hot deck is used to impute missing values for demographic variables. The demographic variables can then be used as covariates in models for drug use measures. These models also include other drug use variables as covariates. For example, the model for cocaine use includes cigarette, alcohol, and marijuana use as covariates. The univariate predictive mean neighborhood method is used as an intermediate imputation procedure for recency of use, 12-month frequency of use, 30-day frequency of use, and 30-day binge drinking frequency for all drugs where these variables occur. The final imputed values for these variables are determined using multivariate predictive mean neighborhoods. The final imputed values for age at first use for all drugs and age at first daily cigarette use are determined using univariate predictive mean neighborhoods.

Hot-deck imputation involves the replacement of a missing value with a valid code taken from another respondent who is "similar" and has complete data. Responding and nonresponding units are sorted together by a variable or collection of variables closely related to the variable of interest Y. For sequential hot-deck imputation, a missing value of Y is replaced by the nearest responding value preceding it in the sequence. With random nearest neighbor hot-deck imputation, the missing value of Y is replaced by a responding value from a donor randomly selected from a set of potential donors close to the unit with the missing value according to some distance metric. The predictive mean neighborhood imputation involves determining a predicted mean using a model, such as a linear regression or logistic regression, depending on the response variable, where the models incorporate the design weights. In the univariate case, the neighborhood of potential donors is determined by calculating the relative distance between the predicted mean for an item nonrespondent and the predicted mean for each potential donor, and choosing those within a small preset value (this is the "distance metric"). The pool of donors is further restricted to satisfy logical constraints whenever necessary (e.g., age of first crack use must not be younger than age of first cocaine use). Whenever possible, more than one response variable was considered at a time. In that (multivariate) case, the Mahalanobis distance across a vector of several response variables' predicted means is calculated between a given item nonrespondent and each candidate donor. The k smallest Mahalanobis distances, say 30, determine the neighborhood of candidate donors, and the nonrespondent's missing values in this vector are replaced by those of the randomly selected donor. A respondent may only be missing some of the responses within this vector of response variables; in that case, only the missing values were replaced, and donors were restricted to be logically consistent with the response variables that were not missing.

Although statistical imputation could not proceed separately within each State due to insufficient pools of donors, information about the State of residence of each respondent is

incorporated in the modeling and hot-deck steps. For most drugs, respondents were separated into three State usage categories for each drug depending on the response variable of interest; respondents from States with high usage of a given drug were placed in one category, respondents from medium usage States into another, and the remainder into a third category. This categorical "State rank" variable was used as one set of covariates in the imputation models. In addition, eligible donors for each item nonrespondent were restricted to be of the same State usage category (the same "State rank) as the item nonrespondent.

During the processing of the 2000 NHSDA data, an error was detected in the computer programs that assigned imputed values for drug use variables that had missing information in the 1999 NHSDA data file. These variables are used in making estimates of substance use incidence and prevalence. In preparing this report, the 1999 data were adjusted to correct for the error. For most substance use measures, the impact of the revision is small. Estimates of lifetime use of substances were not affected at all. Estimates of past year and past month use were all revised, but the updated numbers in many cases are nearly identical to the old ones. The effects of the error are noticeable for only four substances (alcohol, marijuana, inhalants, and heroin), in addition to the composite measures "any illicit drug use" and "any illicit drug other than marijuana." For these substances, all of the revised estimates are lower than the previous ones. For inhalants, the revised estimates are considerably lower, especially among youths. See Appendix B for more detailed information on how the error occurred, how it was corrected, and its impact on prevalence estimates.

A.3.2 Development of Analysis Weights

The general approach to developing and calibrating analysis weights involved developing design-based weights, d_k, as the inverse of the selection probabilities of the households and persons. Adjustment factors, $a_k(\lambda)$, were then applied to the design-based weights to adjust for nonresponse, to control for extreme weights when necessary, and to poststratify to known population control totals. In view of the importance of State-level estimates with the new 50-State design, it was necessary to control for a much larger number of known population totals. Several other modifications to the general weight adjustment strategy that had been used in past NHSDAs were also implemented for the first time beginning with the 1999 CAI sample.

Weight adjustments were based on a generalization of Deville and Särndal's (1992) logit model. This generalized exponential model (GEM) (Folsom & Singh, 2000) incorporates unit-specific bounds (ℓ_k, u_k), $k \in s$, for the adjustment factor $a_k(\lambda)$ as follows:

$$a_k(\lambda) = \frac{\ell_k(u_k - c_k) + u_k(c_k - \ell_k)\exp(A_k x_k'\lambda)}{(u_k - c_k) + (c_k - \ell_k)\exp(A_k x_k'\lambda)},$$

where c_k are prespecified centering constants, such that $\ell_k < c_k < u_k$ and $A_k = (u_k - \ell_k)/(u_k - c_k)(c_k - \ell_k)$. The variables ℓ_k, c_k, and u_k are user-specified bounds, and λ is the column vector of p model parameters corresponding to the p covariates x. The λ-parameters are estimated by solving

$$\sum_s x_k d_k a_k(\lambda) - \tilde{T}_x = 0,$$

where $\tilde{T}_x$ denotes control totals that could be either nonrandom as is generally the case with poststratification, or random as is generally the case for nonresponse adjustment.

The final weights $w_k = d_k a_k(\lambda)$ minimize the distance function $\Delta(w,d)$ defined as

$$\Delta(w,d) = \sum_{k \in s} \frac{d_k}{A_k} \left\{ (a_k - \ell_k) \log \frac{a_k - \ell_k}{c_k - \ell_k} + (u_k - a_k) \log \frac{u_k - a_k}{u_k - c_k} \right\}$$

This general approach was used at several stages of the weight adjustment process including (1) adjustment of household weights for nonresponse at the screener level, (2) poststratification of household weights to meet population controls for various demographic groups by State, (3) adjustment of household weights for extremes, (4) poststratification of selected person weights, (5) adjustment of person weights for nonresponse at the questionnaire level, (6) poststratification of person weights, and (7) adjustment of person weights for extremes.

Every effort was made to include as many relevant State-specific covariates (typically defined by demographic domains within States) as possible in the multivariate models used to calibrate the weights (nonresponse adjustment and poststratification steps). Because further subdivision of State samples by demographic covariates often produced small cell sample sizes, it was not possible to retain all State-specific covariates and still estimate the necessary model parameters with reasonable precision. Therefore, a hierarchical structure was used in grouping States with covariates defined at the national level, at the Census division level within the Nation, at the State-group within the Census division, and, whenever possible, at the State level. In every case, the controls for the total population within a State and the five age groups within the State were maintained. Census control totals by age and race were required for the civilian noninstitutionalized population of each State. Published Census projections (U.S. Bureau of the Census, 2000) reflected the total residential population (which includes military and institutionalized). The 1990 Census 5 percent public use microdata file (U.S. Bureau of the Census, 1992) was used to distribute the State residential population into two groups, and then the method of raking-ratio adjustment was used to get the desired domain-level counts such that they respect both the State-level residential population counts as well as the national-level

civilian and noncivilian counts for each domain. This was done for the midpoint of each NHSDA data collection period (i.e., quarter) such that counts aggregated over the quarters correspond to the annual counts.

Several other enhancements to the weighting procedures were also implemented starting in 1999. The control of extreme weights through winsorization was incorporated into the calibration processes. Winsorization truncates extreme values at prespecified levels and distributes the trimmed portions of weights to the nontruncated cases; note that this process was carried out using the GEM model discussed above. A step was added to poststratify the household-level weights to obtain Census-consistent estimates based on the household rosters from all screened households; these household roster-based estimates then provided the control totals needed to calibrate the respondent pair weights for subsequent planned analyses. An additional step poststratified the selected person sample to conform with the adjusted roster estimates. The final step in poststratification related the respondent person sample to external Census data (defined within State whenever possible as discussed above).

Appendix B: Statistical Methods and Limitations of the Data

Appendix B: Statistical Methods and Limitations of the Data

B.1 Target Population

An important limitation of the National Household Survey on Drug Abuse (NHSDA) estimates of drug use prevalence is that they are only designed to describe the target population of the survey—the civilian, noninstitutionalized population aged 12 or older. Although this population includes almost 98 percent of the total U.S. population aged 12 or older, it excludes some important and unique subpopulations who may have very different drug-using patterns. For example, the survey excludes active military personnel, who have been shown to have significantly lower rates of illicit drug use. Persons living in institutional group quarters, such as prisons and residential drug treatment centers, are not included in the NHSDA and have been shown in other surveys to have higher rates of illicit drug use. Also excluded are homeless persons not living in a shelter on the survey date, another population shown to have higher than average rates of illicit drug use. Appendix D describes other surveys that provide data for these populations.

B.2 Sampling Error and Statistical Significance

The sampling error of an estimate is the error caused by the selection of a sample instead of conducting a census of the population. Sampling error is reduced by selecting a large sample and by using efficient sample design and estimation strategies, such as stratification, optimal allocation, and ratio estimation.

With the use of probability sampling methods in the NHSDA, it is possible to develop estimates of sampling error from the survey data. These estimates have been calculated for all estimates presented in this report using a Taylor series linearization approach that takes into account the effects of the complex NHSDA design features. The sampling errors are used to identify unreliable estimates and to test for the statistical significance of differences between estimates.

B.2.1 Variance Estimation for Totals

Estimates of proportions, such as drug use prevalence rates, take the form of nonlinear statistics where the variances cannot be expressed in closed form. Variance estimation for nonlinear statistics is performed using a first-order Taylor series approximation in the SUrvey DAta ANalysis (SUDAAN) statistical software package developed by RTI (Shah, Barnwell, & Bieler, 1996). The approximation is unbiased for sufficiently large samples and has proven to be

at least as accurate and less costly to implement than its competitors, such as balanced repeated replication or jackknife methods (Rao & Wu, 1985).

Corresponding to proportion estimates, $\hat{p}_d$, the number of drug users, Y_d, can be estimated as

$$\hat{Y}_d = \hat{N}_d \hat{p}_d$$

where $\hat{N}_d$ is the estimated population total for domain d, and $\hat{p}_d$ is the estimated proportion for domain d. The standard error (SE) for the total estimate is obtained by multiplying the SE of the proportion by $\hat{N}_d$, that is,

$$SE(\hat{Y}_d) = \hat{N}_d \, SE(\hat{p}_d) .$$

This approach is theoretically correct when the domain size estimates $\hat{N}_d$ are among those forced to Census Bureau population projections through the weight calibration process. In these cases, $\hat{N}_d$ is clearly not subject to sampling error.

For domain totals Y_d where $\hat{N}_d$ is not fixed, this formulation may still provide a good approximation if we can reasonably assume that the sampling variation in $\hat{N}_d$ is negligible relative to the sampling variation in $\hat{p}_d$. In most analyses conducted for prior years, this has been a reasonable assumption. SUDAAN also provides an option to directly estimate the variance of the linear statistic that estimates a population total. Using this option did not affect the standard error (SE) estimates for the corresponding proportions presented in the same sets of tables.

B.2.2 Suppression Criteria for Unreliable Estimates

As has been done in past NHSDA reports, direct survey estimates considered to be unreliable due to unacceptably large sampling errors are not shown in this report and are noted by asterisks (*) in the tables containing such estimates found in the appendices. The criterion used for suppressing all direct survey estimates was based on the relative standard error (RSE), which is defined as the ratio of the SE over the estimate.

Proportion estimates (p) within the range [$0<p<1$], rates, and corresponding estimated number of users were suppressed if

$$RSE[-\ln(p)] > 0.175 \text{ when } p < 0.5$$

or

$$RSE[-\ln(1 - p)] > 0.175 \text{ when } p \geq 0.5 .$$

Using a first-order Taylor series approximation to estimate $RSE[-\ln(p)]$ and $RSE[-\ln(1 - p)]$, we have the following, which was used for computational purposes:

$$[SE(p)/p \div -\ln(p)] > 0.175 \text{ when } p < 0.5$$

or

$$[SE(p)/(1-p) \div -\ln(1 - p)] > 0.175 \text{ when } p \geq 0.5 .$$

The separate formulas for $p < 0.5$ and $p \geq 0.5$ produce a symmetric suppression rule; that is, if p is suppressed, then so will $1 - p$. This is an ad hoc rule that requires an effective sample size in excess of 50. When $0.05 < p < 0.95$, the symmetric properties of the rule produces a local maximum effective sample size of 68 at $p = 0.5$. Thus, estimates with these values of p along with effective sample sizes falling below 68 are suppressed. A local minimum effective sample size of 50 occurs at $p = 0.2$ and again at $p = 0.8$ within this same interval; so, estimates are suppressed for values of p with effective sample sizes below 50.

In NHSDAs prior to the 2000 NHSDA, these varying sample size restrictions sometimes produced unusual occurrences of suppression for a particular combination of prevalence rates. For example, in some cases, lifetime prevalence rates near $p = 0.5$ were suppressed (effective sample size was <68 but >50), while not suppressing the corresponding past year or past month estimates near $p = 0.2$ (effective sample sizes were >50). To reduce the occurrence of this type of inconsistency, a minimum effective sample size of 68 was added to the suppression criteria. As p approached 0.00 or 1.00 outside the interval (0.05, 0.95), the suppression criteria still required increasingly larger effective sample sizes. For example, if $p = 0.01$ and 0.001, the effective sample size must exceed 152 and 684, respectively.

Also new to the 2000 survey were minimum nominal sample size suppression criteria ($n = 100$) that protect against unreliable estimates caused by small design effects and small nominal sample sizes. Prevalence estimates were also suppressed if they were close to 0 or 100 percent (i.e., if $p < 0.00005$ or if $p \geq 0.99995$). Estimates of other totals (e.g., number of initiates) along with means and rates (both not bounded between 0 and 1) were suppressed if $RSE(p) > 0.5$. Additionally, estimates of the mean age at first use were suppressed if the sample size was smaller than 10 respondents; moreover, the estimated incidence rate and number of initiates were

suppressed if they rounded to 0. The suppression criteria for various NHSDA estimates are summarized in Table B.1.

B.3 Nonsampling Error

Nonsampling errors can occur from nonresponse, coding errors, computer processing errors, errors in the sampling frame, reporting errors, and other errors not due to sampling. Nonsampling errors are reduced through data editing, statistical adjustments for nonresponse, close monitoring and periodic retraining of interviewers, and improvement in various quality control procedures.

Although nonsampling errors can often be much larger than sampling errors, measurement of most nonsampling errors is difficult or impossible. However, some indication of

Table B.1 Summary of 2000 NHSDA Suppression Rules

Estimate	Suppress if:
Prevalence rate, p, with nominal sample size, n, and design effect, *deff*	The estimated prevalence rate, p, is < 0.00005 or >0.99995, or $\frac{SE(p)/p}{-\ln(p)} > 0.175$ when $p < 0.5$, or $\frac{SE(p)/(1-p)}{-\ln(1-p)} > 0.175$ when $p \geq 0.5$, or *Effective* $n < 68$, or $n < 100$ where *Effective* $n = \frac{n}{deff}$ Note: The rounding portion of this suppression rule for prevalence rates will produce some estimates that round at one decimal place to 0.0% or 100.0% but are not suppressed from the tables.
Estimated number (numerator of p)	The estimated prevalence rate, p, is suppressed. Note: In some instances when p is not suppressed, the estimated number may appear as a 0 in the tables; this means that the estimate is >0 but <500 (estimated numbers are shown in thousands).
Mean age at first use, $\bar{x}$, with nominal sample size, n	$RSE(\bar{x}) > 0.5$, or $n < 10$
Incidence rate, $\hat{r}$	Rounds to < 0.1 per 1,000 person-years of exposure, or $RSE(\hat{r}) > 0.5$
Number of initiates, $\hat{t}$	Rounds to <1,000 initiates, or $RSE(\hat{t}) > 0.5$

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

the effects of some types of nonsampling errors can be obtained through proxy measures, such as response rates and from other research studies.

B.3.1 Screening and Interview Response Rate Patterns

Response rates for the NHSDA were stable for the period from 1994 to 1998, with the screening response rate at about 93 percent and the interview response rate at about 78 percent (response rates discussed in this appendix are weighted). In 1999, the computer-assisted interviewing (CAI) screening response rate was 89.6 percent and the interview response rate was 68.6 percent. A more stable and experienced field interviewer (FI) workforce improved these rates in 2000. Of the 182,576 eligible households sampled for the 2000 NHSDA main study, 169,769 were successfully screened, for a weighted screening response rate of 92.8 percent (Table B.2). In these screened households, a total of 91,961 sample persons were selected, and completed interviews were obtained from 71,764 of these sample persons, for a weighted interview response rate of 73.9 percent (Table B.3). A total of 10,109 (15.0 percent) sample persons were classified as refusals, 4,834 (5.5 percent) were not available or never at home, and 5,254 (5.5 percent) did not participate for various other reasons, such as physical or mental incompetence or language barrier. Tables B.4 and B.5 show the distribution of the selected sample by interview code and age group. The weighted interview response rate was highest among 12 to 17 year olds (82.6 percent), females (75.1 percent), blacks and Hispanics (76.2 and 78.0 percent, respectively), in nonmetropolitan areas (77.6 percent), and among persons residing in the South (76.4 percent) (Table B.6).

The increase in nonresponse between the 1998 and 1999 NHSDAs can be attributed primarily to the hiring of many new and inexperienced FIs in 1999 and a larger than usual turnover. By the end of 2000, the interviewer workforce primarily consisted of experienced interviewers, with fewer FIs leaving for other jobs. In 1999, there were 1,997 FIs hired and trained to conduct the CAI and paper-and-pencil interviewing (PAPI) surveys. More than a third of them did not complete the survey year (37.7 percent). In 2000, the number of trained interviewers decreased to 1,356 (because only CAI interviews were conducted in 2000), and the attrition rate dropped to 29.8 percent. Both prior NHSDA experience and on-the-job experience were shown to be related to nonresponse. Previously experienced interviewers and interviewers with one, two, or three quarters of on-the-job experience were more successful at obtaining an interview.

Table B.2 Weighted Percentages and Sample Sizes for 1999 and 2000 NHSDAs, by Screening Result Code

Screening Result	1999 NHSDA		2000 NHSDA	
	Sample Size	Weighted Percentage	Sample Size	Weighted Percentage
Total Sample	223,868	100.00	215,860	100.00
Ineligible cases	36,026	15.78	33,284	15.09
Eligible cases	187,842	84.22	182,576	84.91
Ineligibles	36,026	100.00	33,284	100.00
Vacant	18,034	49.71	16,796	50.76
Not a primary residence	4,516	12.90	4,506	13.26
Not a dwelling unit	4,626	12.70	3,173	9.33
All military personnel	482	1.22	414	1.21
Other, ineligible	8,368	23.46	8,395	25.43
Eligible Cases	187,842	100.00	182,576	100.00
Screening complete	169,166	89.63	169,769	92.84
No one selected	101,537	54.19	99,999	55.36
One selected	44,436	23.63	46,981	25.46
Two selected	23,193	11.82	22,789	12.03
Screening not complete	18,676	10.37	12,807	7.16
No one home	4,291	2.38	3,238	1.82
Respondent unavailable	651	0.36	415	0.24
Physically or mentally incompetent	419	0.24	310	0.16
Language barrier—Hispanic	102	0.06	83	0.05
Language barrier—other	486	0.28	434	0.27
Refusal	11,097	5.92	7,535	4.14
Other, access denied	1,536	1.08	748	0.45
Other, eligible	38	0.02	7	0.00
Other, problem case	56	0.03	37	0.02

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table B.3 Weighted Percentages and Sample Sizes for 1999 and 2000 NHSDAs, by Final Interview Code, among Persons Aged 12 or Older

	1999 NHSDA		2000 NHSDA	
Final Interview Code	**Sample Size**	**Weighted Percentage**	**Sample Size**	**Weighted Percentage**
Total Selected Persons	89,883	100.00	91,961	100.00
Interview complete	66,706	68.55	71,764	73.93
No one at dwelling unit	1,795	2.13	1,776	2.02
Respondent unavailable	3,897	4.53	3,058	3.52
Breakoff	50	0.07	72	0.09
Physically/mentally incompetent	1,017	2.62	1,053	2.57
Language barrier—Spanish	168	0.12	109	0.08
Language barrier—Other	480	1.46	441	1.06
Refusal	11,276	17.98	10,109	14.99
Parental refusal	2,888	1.01	2,655	0.88
Other	1,606	1.53	924	0.86

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table B.4 Weighted Percentages and Sample Sizes for 1999 and 2000 NHSDAs, by Final Interview Code, among Youths Aged 12 to 17

	1999 NHSDA		2000 NHSDA	
Final Interview Code	**Sample Size**	**Weighted Percentage**	**Sample Size**	**Weighted Percentage**
Total Selected Persons	32,011	100.00	31,242	100.00
Interview complete	25,384	78.07	25,756	82.58
No one at dwelling unit	322	1.09	278	0.86
Respondent unavailable	872	3.04	617	2.05
Breakoff	13	0.03	18	0.05
Physically/mentally incompetent	244	0.76	234	0.76
Language barrier—Spanish	15	0.03	10	0.03
Language barrier—Other	58	0.18	50	0.20
Refusal	1,808	5.97	1,455	4.52
Parental refusal	2,885	9.50	2,641	8.35
Other	410	1.33	183	0.59

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

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Table B.5 Weighted Percentages and Sample Sizes for 1999 and 2000 NHSDAs, by Final Interview Code, among Persons Aged 18 or Older

	1999 NHSDA		2000 NHSDA	
Final Interview Code	Sample Size	Weighted Percentage	Sample Size	Weighted Percentage
Total Selected Persons	57,872	100.00	60,719	100.00
Interview complete	41,322	67.41	46,008	72.92
No one at dwelling unit	1,473	2.25	1,498	2.16
Respondent unavailable	3,025	4.71	2,441	3.69
Breakoff	37	0.07	54	0.09
Physically/mentally incompetent	773	2.85	819	2.78
Language barrier—Spanish	153	0.13	99	0.09
Language barrier—Other	422	1.62	391	1.16
Refusal	9,468	19.41	8,654	16.22
Parental refusal	3	0.00	14	0.01
Other	1,196	1.55	741	0.89

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

The overall weighted response rate, defined as the product of the weighted screening response rate and weighted interview response rate, was 61.5 percent in 1999 and 68.6 percent in 2000 (an 11.5 percent improvement over the 1999 rate). Nonresponse bias can be expressed as the product of the response rate (R) and the difference between the characteristic of interest between respondents and nonrespondents in the population ($P_r - P_{nr}$). Thus, assuming the quantity ($P_r - P_{nr}$) is fixed over time, the improvement in response rates in 2000 should result in estimates with lower nonresponse bias.

B.3.2 Inconsistent Responses and Item Nonresponse

Among survey participants, item response rates were above 98 percent for most questionnaire items. However, inconsistent responses for some items, including the drug use items, were common. Estimates of substance use from the NHSDA are based on the responses to multiple questions by respondents, so that the maximum amount of information is used in determining whether a respondent is classified as a drug user. Inconsistencies in responses are resolved through a logical editing process that involves some judgment on the part of survey analysts and is a potential source of nonsampling error. Because of the automatic routing through the CAI questionnaire (e.g., lifetime drug use questions that skip entire modules when answered "no"), there is less editing of this type than in the PAPI questionnaire used in previous years.

Table B.6 Response Rates and Sample Sizes for the 1999 and 2000 NHSDAs, by Demographic Characteristics

	1999 NHSDA			2000 NHSDA		
	Selected Persons	Completed Interviews	Weighted Response Rate	Selected Persons	Completed Interviews	Weighted Response Rate
Total	**89,883**	**66,706**	**68.55%**	**91,961**	**71,764**	**73.93%**
Age in Years						
12-17	32,011	25,384	78.07%	31,242	25,756	82.58%
18-25	30,439	22,151	71.21%	29,424	22,849	77.34%
26 or older	27,433	19,171	66.76%	31,295	23,159	72.17%
Gender						
Male	43,883	31,987	67.12%	44,899	34,375	72.68%
Female	46,000	34,719	69.81%	47,062	37,389	75.09%
Race/Ethnicity						
Hispanic	11,203	8,755	74.59%	11,454	9,396	77.95%
Non-Hispanic, white	63,211	46,272	67.98%	64,517	49,631	73.39%
Non-Hispanic, black	10,552	8,044	70.39%	10,740	8,638	76.19%
Non-Hispanic, all other races	4,917	3,635	59.28%	5,250	4,099	67.31%
Region						
Northeast	16,794	11,830	64.03%	18,959	14,394	71.68%
Midwest	24,885	18,103	69.63%	25,428	19,355	73.23%
South	27,390	21,018	70.93%	27,217	22,041	76.38%
West	20,814	15,755	67.47%	20,357	15,974	72.68%
County Type						
Large metropolitan	36,101	25,901	65.15%	37,754	28,744	71.77%
Small metropolitan	30,642	22,612	69.98%	31,400	24,579	74.96%
Nonmetropolitan	23,140	18,193	74.97%	22,807	18,441	77.58%

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

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In addition, less logical editing is used because with the CAI data, statistical imputation is relied upon more heavily to determine the final values of drug use variables in cases where there is the potential to use logical editing to make a determination. The combined amount of editing and imputation in the CAI data is still considerably less than the total amount used in prior PAPI surveys. For the 2000 CAI data, for example, 3.2 percent of the estimate of past month hallucinogen use is based on logically edited cases and 5.4 percent on imputed cases, for a combined amount of 8.6 percent. For the 1999 CAI data, 1.7 percent of the estimate of past month hallucinogen use is based on logically edited cases and 4.6 percent on imputed cases, for a combined amount of 6.2 percent. In the 1998 NHSDA (administered using PAPI), the amount of editing and imputation for past month hallucinogen use was 60 and 0 percent, respectively, for a total of 60 percent. The combined amount of editing and imputation for the estimate of past month heroin use is 5.0 percent for the 2000 CAI, 14.8 percent for the 1999 CAI, and 37.0 percent for the 1998 PAPI data.

B.3.3 Validity of Self-Reported Use

NHSDA estimates are based on self-reports of drug use, and their value depends on respondents' truthfulness and memory. Although many studies have generally established the validity of self-report data and the NHSDA procedures were designed to encourage honesty and recall, some degree of underreporting is assumed (Harrell, 1997; Harrison & Hughes, 1997; Rouse, Kozel, & Richards, 1985). No adjustment to NHSDA data is made to correct for this. The methodology used in the NHSDA has been shown to produce more valid results than other self-report methods (e.g., by telephone) (Aquilino, 1994; Turner, Lessler, & Gfroerer, 1992). However, comparisons of NHSDA data with data from surveys conducted in classrooms suggest that underreporting of drug use by youths in their homes may be substantial (Gfroerer, 1993; Gfroerer, Wright, & Kopstein, 1997). The results of several studies indicate that underreporting of drug use increases as the social stigma associated with the drug increases (Cisin & Parry, 1980, as cited in Harrell, 1997). Because estimates of drug dependence and abuse are generally associated with a higher level social stigma than drug use, these estimates may be underreported more than the estimates of drug use. In the same study cited by Harrell (1997), failure to report treatment was not associated with the level of stigma attached to the drug at the time of admission. However, when responses on treatment received from former drug treatment clients were compared with their treatment records, almost half denied ever receiving treatment.

A study to validate the dependence and abuse questions currently in the NHSDA has been designed. This study will compare estimates of dependence and abuse using the current NHSDA questions administered using ACASI with the measures from a structured clinical interview. Interviewing for the study will begin in 2002.

Appendix C: Measurement of Dependence, Abuse, Treatment, and Treatment Need

Appendix C: Measurement of Dependence, Abuse, Treatment, and Treatment Need

The National Household Survey on Drug Abuse (NHSDA) has been used for many years to measure problematic substance use, including the need for and receipt of treatment. Different methods and definitions have been used, based on the particular focus of each analysis undertaken. This report presents estimates of alcohol and drug dependence and abuse, treatment for alcohol and drug problems, the need for treatment for an illicit drug problem, and the treatment gap. Prior NHSDA reports and special analyses have included estimates of these measures. However, due to significant changes to the NHSDA questionnaire and the definitions and estimation methods used, the estimates of these measures from the 2000 NHSDA are not comparable with prior estimates. This appendix describes the changes and their impact on estimates.

C.1 Dependence

Since 1991, the NHSDA has included questions to estimate dependence. The questions have been based on criteria established by the American Psychiatric Association (APA) in its *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III-R, DSM-IV; APA, 1987, 1994). Questions in the 1991 to 1993 NHSDAs were based on the DSM-III-R definition of dependence, and questions in the 1994 to 2000 NHSDAs were based on the DSM-IV definition of dependence. DSM-IV defines a person as dependent if he or she met three out of seven dependence criteria (for substances with a withdrawal criterion) or three out of six criteria (for substances without a withdrawal criterion). An additional criterion for alcohol dependence for both the 2000 NHSDA and the NHSDA in prior years is that a person must have used alcohol on 6 or more days in the past year to be defined as dependent on alcohol. An additional criterion for marijuana in the 2000 NHSDA, but not in prior years, is that a person must have used marijuana on 6 or more days to be defined as dependent on marijuana.

As part of an ongoing process to evaluate and improve the questions in the NHSDA, questions that were used in 1999 were cognitively tested to determine how well they were understood by respondents and to determine whether any particular phrases or words were problematic. The questions were also reviewed by an expert in the field to determine how well the questions captured the meaning of the DSM-IV criteria. Based on these assessments, the questions were revised for the 2000 NHSDA. Some individual questions were divided into several less complex questions, and revisions were made to improve question wording. Table C.1 at the end of this appendix indicates the questions used in 1999 and the revised questions used in 2000 to measure each DSM-IV criterion for each substance.

The revised dependence questions are generally more restrictive and less global than the ones used in 1999. Prevalence estimates for each criterion by substance are given in Table C.2 for the 1999 and 2000 NHSDAs. For most criteria, the 2000 estimate is smaller than the 1999 estimate. This is probably due to the more restrictive nature of the questions covering the criteria in 2000. For example, criterion 3 was previously covered by a question asking whether the drug was used much more often or in larger amounts than intended. In 2000, criterion 3 was covered by two questions, one asking whether limits were set on the use of the substance and another asking if the limits were kept. To meet the criterion, a person must have a positive response to the first question and a negative response to the second question. For marijuana, the estimate for criterion 3 was 0.4 percent in 2000 and 1.4 percent in 1999.

The generally lower prevalences in 2000 for individual criteria resulted in a lower estimated prevalence for dependence. Estimates of dependence for 1999 and 2000 for any illicit drug and by specific substances (illicit drugs and alcohol) are given in Table C.3. Estimates of dependence for 1999 and 2000 for any illicit drug and for alcohol by demographic subgroups are given in Table C.4. The estimated percentage of persons aged 12 or older dependent on any illicit drug was 23 percent smaller in 2000 than in 1999 (1.6 percent in 1999 vs. 1.2 percent in 2000). The estimated percentage of persons dependent on alcohol was 38 percent smaller in 2000 than in 1999 (3.7 percent in 1999 vs. 2.3 percent in 2000). Estimates of dependence for any illicit drug were generally smaller in 2000 than in 1999 by most demographic subgroups. Although estimates of dependence were smaller in 2000 than in 1999, they followed similar patterns by demographic subgroups.

C.2 Abuse

In 2000, questions to measure abuse based on the DSM-IV were introduced into the NHSDA for the first time. These questions were designed to cover the four abuse criteria defined in the DSM-IV. Table C.1 indicates the abuse questions in the 2000 NHSDA used to cover each abuse criterion. According to the DSM-IV, a person is defined with abuse if he or she meets one or more of the abuse criteria and does not meet the definition for dependence. An additional criterion for alcohol abuse is that a person must have used alcohol on 6 or more days in the past year to be defined with abuse of alcohol. Similarly, a person must have used marijuana on 6 or more days in the past year to be defined with abuse of marijuana. The questions on abuse were cognitively tested and reviewed by experts in the field. Estimates of abuse are given in Table C.3 for individual substances and in Table C.4 by demographic characteristics. Estimates of abuse were smaller than estimates of dependence for any illicit drug and for specific illicit drugs. However, for alcohol the estimated percentage with abuse (3.1 percent) was larger than the estimated percentage with dependence (2.3 percent) in 2000.

C.3 Illicit Drug Treatment Need and Gap

In recent years, the Substance Abuse and Mental Health Services Administration (SAMHSA) produced estimates of illicit drug treatment need and the treatment gap (i.e., persons who needed but did not receive treatment) using two basic methods: adjusted and unadjusted. The adjusted estimates incorporated a ratio adjustment technique that inflated the NHSDA numbers based on separate counts of treatment and arrestee populations (Wright, Gfroerer, & Epstein, 1997). These ratio-adjusted treatment need and gap estimates were made only at the national level and were used by the Office of National Drug Control Policy (ONDCP) in its annual national drug control strategy. Unadjusted treatment need and gap estimates were used in most analyses of NHSDA data, including several SAMHSA publications. Although both the adjusted and unadjusted estimates employed the same definitions of need, the ratio adjustment produces estimates that are 20 to 30 percent higher than the unadjusted estimates. Starting with the 2000 NHSDA, a single new method for estimating treatment need and the gap has been employed. This new method was developed by an interagency work group chaired by ONDCP. The method uses a simpler and more widely accepted definition of treatment need than had been used previously, and it does not employ the ratio adjustment. There are two reasons that the ratio adjustment is no longer used: (a) to provide more accurate trend measurement, and (b) to allow the possibility of subgroup analysis. The ratio adjustment methodology is problematic because it depends on external data that are not available with the consistency over time or by geographic and demographic subpopulations.

The following discussion explains the change in the methodology for estimating treatment need and the gap and how the change affects the resulting estimates.

C.3.1 Definitions of Treatment Need

For the 1991 to 1999 NHSDAs, a respondent was classified as needing treatment (total treatment need) if he or she met at least one of four criteria during the past year: (1) dependent on any illicit drug; (2) used marijuana daily, or used some other illicit drug on at least 52 days; (3) was an injection drug user or used heroin at least once; and/or (4) received any treatment for drug abuse. Respondents needing treatment were further classified into "level 1" and "level 2" treatment need. Respondents needing treatment for a more severe drug problem were defined with level 2 treatment need. Respondents classified with needing treatment who did not meet the definition for level 2 treatment need were defined with level 1 treatment need. Respondents classified with level 2 drug abuse treatment need met at least one of the following five criteria in the past year: (1) dependent on any illicit drug other than marijuana; (2) used marijuana daily and were dependent on marijuana; (3) used cocaine on 52 or more days, or used some other illicit

drug daily; (4) were injection drug users or used heroin at least once; and/or (5) received treatment for drug abuse at a specialty facility (hospital [as an inpatient], mental health center, or drug treatment facility). Level 2 treatment need and specialty treatment are the measures used in calculating the "treatment gap" for the 1991 through 1999 NHSDAs (SAMHSA, 1998).

The new definition of treatment need for 2000 classifies a respondent as needing treatment if he or she meets the criteria for dependence or abuse (DSM-IV) or received treatment at a specialty facility. Plans are to continue using this revised definition of treatment need in future years.

C.3.2 Comparison of Old Ratio-Adjusted Estimates with New Estimates

It is difficult to compare estimates of treatment need and the "treatment gap" used by ONDCP prior to 1999 with the new estimates for 2000 because several important changes to the NHSDA in 1999 and 2000 affected the estimates. Between 1998 and 1999, the NHSDA switched from a paper-and-pencil-interviewing (PAPI) mode to a computer-assisted interviewing (CAI) mode. All questions on drug use, dependence, and treatment need were administered using audio computer-assisted self-interviewing (ACASI) in 2000. There were also major changes to the sample design. The revision of the dependence questions in 2000 also affected the treatment need estimate. Besides these changes to the NHSDA, the change in the definition of treatment need in 2000 and the ratio adjustment used previously have had a significant impact on the estimates. As discussed below, estimates using the old definition (level 2) of treatment need on the 2000 file were 45 percent lower than estimates using the 2000 definition on the 2000 file. The ratio adjustment increased the old estimates by 20 to 30 percent, but it is not included in the new estimates of treatment need in 2000.

Table C.5 compares the old ratio-adjusted estimates of illicit drug treatment need and gap from 1991 to 1998 with the new estimates for 2000. The estimated numbers who needed treatment ranged from 4.6 million to 5.7 million from 1991 to 1998. The estimate for 2000 using the new methodology was 4.7 million. Although the new estimate is similar in size to the old estimates, this does not necessarily reflect stability in the numbers of persons in the population who need treatment. The methods upon which these estimates are based are quite different, as explained earlier. Furthermore, the estimated numbers of persons who received treatment were very different with the new and old methods. These estimates ranged from 1.6 million to 2.1 million from 1991 to 1998 and 0.8 million in 2000 using the new method. This probably reflects the fact that the 1991 to 1998 estimates incorporated the ratio adjustment, which essentially replaced the estimated numbers receiving treatment from the NHSDA (based on respondents' self-report) with an independent count of the numbers receiving treatment. The independent

count used in this ratio adjustment was derived from a variety of sources, primarily the Uniform Facility Data Set (UFDS). The estimated treatment gap, which ranged from 2.5 million to 3.6 million for the 1991 to 1998 estimates, was somewhat higher with the new estimate for 2000 (3.9 million). Again, due to the major changes in estimation methodology, the data do not indicate any real increase in the treatment gap. The higher gap number is simply the result of the change in methodology. Furthermore, the difference in gap estimates is likely due more to the change in the definition of treatment need than it is to the change in the way treatment is estimated. This is because the ratio adjustment previously used inflates the treatment need estimate at least as much as it inflates the treatment estimate because the treatment need estimates (both old and new) include treated persons by definition.

To gain insight into the effects of the various changes, it is helpful to analyze estimates from the old and new definitions without the ratio adjustment. Some analyses are discussed below.

C.3.3 Comparison of Old Unadjusted Estimates with New Estimates

Estimates of total treatment need and level 2 treatment need that do not include the ratio adjustment for 1999 are compared with estimates of treatment need for 2000 in Table C.6 by demographic subgroups. The 2000 estimates of treatment need were generally larger than the 1999 estimates of level 2 treatment need and smaller than the 1999 estimates of total treatment need by demographic subgroups. The estimated percentage of the population needing treatment in 2000 (2.1 percent) was smaller than the estimated percentage of the population with total treatment need in 1999 (3.5 percent) and larger than the estimated percentage of the population with level 2 treatment need in 1999 without a ratio adjustment (1.5 percent). It is impossible to determine how much of the difference between the 1999 and 2000 estimates is due to a real change in the population needing treatment and how much is due to the change in the definitions.

To analyze the impact of the change in the treatment need definition, estimates were run based on both definitions using the same data file. Specifically, using the 2000 NHSDA file, estimates of treatment need were calculated using the 1999 definition (level 2) (and 2000 dependence questions) and compared with estimates of treatment need calculated using the 2000 definition on the same file. With the 1999 definition, 1.2 percent of the population needed treatment (2.7 million persons), while with the 2000 definition, 2.1 percent of the population needed treatment (4.7 million persons). Estimates by demographic subgroups are given in Table C.7. Estimates of treatment need with the 2000 definition were larger than estimates of treatment need with the 1999 (level 2) definition overall and for each demographic subgroup, indicating

that the change in definition between 1999 and 2000 resulted in an increase in the estimates of treatment need.

The estimate of level 2 treatment need using the 1999 definition on the 2000 NHSDA file (1.2 percent) was slightly smaller than the estimate of treatment need using the same definition on the 1999 NHSDA file (1.5 percent), indicating that there was probably little change in the numbers of people needing treatment between 1999 and 2000. The slight decrease in the estimate on the 2000 file could be due to the fact that the dependence questions in 2000 were more restrictive, resulting in smaller estimates of dependence.

To compare the new and old definitions of treatment need in their coverage of various populations of drug users, several populations with various patterns and symptoms indicative of a drug use problem were identified. The proportions in each population who would be classified as needing treatment were compared under the old and new definitions. Table C.8 indicates for each of these populations the percentage of the population classified with level 2 treatment need using the 1999 definition, the percentage classified with treatment need using the 2000 definition, the percentage classified with dependence, and the percentage classified with abuse. Some of these populations were completely covered by level 2 treatment need because they were part of the definition of level 2 treatment need. This was true for heroin users, injection drug users, and weekly cocaine users. For these populations, the interest was in how well they would be covered by the new definition of treatment need and what proportion would be covered by abuse and dependence. More than 80 percent of the heroin users and the injection drug users were covered by the new definition of treatment need. Approximately 59 percent of weekly cocaine users were covered by the new definition of treatment need.

For some populations, the proportions covered by the old and new definitions of treatment need were not substantially different from each other. This was the case for weekly illicit drug users and daily marijuana users. The percentage classified with treatment need under the old definition among persons using an illicit drug weekly or more often was 41.2 percent, and the percentage classified as needing treatment under the new definition was 39.1 percent. Among daily marijuana users, 34.6 percent were classified as needing treatment under the old definition, and 35.6 percent were classified as needing treatment under the new definition.

Also compared were the percentages of persons meeting the old and new definitions of treatment need among each other. Among those who met the new definition of treatment need, 46.4 percent also met the old (level 2) definition of treatment need. Among those who met the old (level 2) definition of treatment need, 80.7 percent also met the new definition of treatment

need. The estimated percentage of persons in the population meeting both the old and new definitions of treatment need was 0.9 percent.

C.3.4 Specialty Treatment

Persons who received specialty treatment in the past year but did not meet the criteria for dependence or abuse were included in the definition of treatment need because it was assumed that if a person received treatment, he or she probably needed it at some point in the past year. Keeping these people in the definition of treatment need does not affect the estimate of the number of people in the "treatment gap" because these people are included in the estimate of treatment need and the estimate of receiving treatment. Among the persons who received specialty treatment in the past year but did not meet the criteria for dependence or abuse, 53.2 percent were still in some kind of treatment at the time of interview, 27.9 percent had successfully completed treatment, 28.1 were arrested and booked in the past year, and 41.1 percent were on probation, parole, or other conditional release at some time in the past year.

In both 1999 and 2000, persons were defined as receiving specialty treatment if they received treatment in the past year at a hospital (as an inpatient), a mental health center, or a drug treatment facility. However, in the 2000 NHSDA, there were some changes from 1999 in the manner in which people were asked about treatment at specific locations. These changes resulted in a difference in the way specialty treatment was tabulated. In 1999, when a person was asked about treatment at a specific location, he or she was not asked whether the treatment was for alcohol or drugs. Thus, if a person reported receiving treatment for alcohol and drugs in the past year, it was assumed that he or she received treatment for alcohol and drugs at each location that he or she reported receiving treatment.

Because at a specific location a person may only receive treatment for alcohol or only receive treatment for drugs, a question was added to determine whether the treatment received at a specific location was for alcohol only, drugs only, or both. In 2000, if a person reported receiving treatment for alcohol and drugs in the past year, and reported specific locations where he or she received treatment, the person was further asked for each location reported whether the treatment at that location was for alcohol, drugs, or both. As a result, some people who might have been counted as receiving specialty treatment for illicit drugs in 1999 would not be counted in 2000. An estimated 0.8 million persons (0.3 percent of the population) received specialty treatment for illicit drugs in 2000. If the estimate for 2000 had been tabulated in the same manner as in 1999, the estimate of the numbers of persons receiving specialty treatment for illicit drugs would be 0.9 million persons (0.4 percent of the population).

Table C.1 Questions in the 1999 NHSDA and Corresponding Questions in the 2000 NHSDA for Each DSM-IV Criterion for Dependence and Abuse

DSM Criterion	Questions in the 1999 NHSDA Used to Cover the DSM-IV Criteria	Questions in the 2000 NHSDA Used to Cover the DSM-IV Criteria
	Dependence	
1.	During the past 12 months, have you built up a tolerance for the drug so that the same amount of the drug had less effect than before?	During the past 12 months, did you need to use more of the drug than you used to in order to get the effect you wanted? During the past 12 months, did you notice that using the same amount of the drug had less effect on you than it used to?
2.	For cigarettes, alcohol, heroin, analgesics, sedatives, stimulants: (For cocaine or crack only: During the past 12 months, have you felt kind of blue or down when the effect of the drug you were using was wearing off?) During the past 12 months, have you had any of these symptoms as the effect of the drug was wearing off? Symptoms vary by drug (see next page) During the past 12 months, did you use more of that drug to get over or avoid the bad aftereffects of using that drug?	Only for cigarettes, alcohol, cocaine, heroin, analgesics, sedatives, stimulants: During the past 12 months did you cut down or stop using the drug at least one time? (For cocaine or crack only: During the past 12 months, have you felt kind of blue or down when you cut down or stopped using the drug? During the past 12 months, did you have __ or more of these symptoms after you cut back or stopped using the drug? The symptoms and number needed to meet this criteria varies by drug. (See next page)
3.	During the past 12 months, have you used that kind of drug much more often or in larger amounts than you intended to?	During the past 12 months, did you try to set limits on how often or how much of the drug you would use? If above was answered yes: Were you able to keep to the limits you set or did you often use more than you intended to?
4.	During the past 12 months, did you want to try to stop or cut down on your use of that drug but found you couldn't?	During the past 12 months, did you want to or try to cut down or stop using the drug? During the past 12 months, were you able to cut down or stop using the drug every time you wanted to or tried to?
5.	During the past 12 months, did you have a period of a month or more when you spent a great deal of time getting the drug, using the drug, or getting over its effects?	During the past 12 months, was there a month or more when you spent a lot of your time getting or using the drug? During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the drug?

Table C.1 (continued)

DSM Criterion	Questions in the 1999 NHSDA Used to Cover the DSM-IV Criteria	Questions in the 2000 NHSDA Used to Cover the DSM-IV Criteria
6.	During the past 12 months, has your use of that drug often kept you from working, going to school, taking care of children, or engaging in recreational activities?	This question is about important activities such as working, going to school, taking care of children, doing fun things such as hobbies and sports, and spending time with friends and family. During the past 12 months, did using the drug cause you to give up or spend less time doing these types of important activities?
7.	a. During the past 12 months, has your use of the drug caused you any health problems? b. During the past 12 months, has your use of the drug caused you to have any emotional or psychological problems such as feeling uninterested in things, feeling depressed, feeling suspicious of people, feeling paranoid, or having strange ideas?	During the past 12 months, did you have any problems with your emotions, nerves or mental health that were probably caused or made worse by your use of the drug? Did you continue to use the drug even though you thought it was causing you to have problems with your emotions, nerves or mental health? During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of the drug? Did you continue to use the drug even though you thought it was causing you to have physical problems?

Table C.1 (continued)

DSM Criterion	Questions in the 1999 NHSDA Used to Cover the DSM-IV Criteria	Questions in the 2000 NHSDA Used to Cover the DSM-IV Criteria
		Abuse
1.	Not asked in 1999 NHSDA.	Sometimes people who use this drug have serious problems at home, work or school—such as: -neglecting their children -missing work or school -doing a poor job at work or school -losing a job or dropping out of school During the past 12 months, did using this drug cause you to have serious problems like this either at work, school or home?
2.	Not asked in 1999 NHSDA.	During the past 12 months did you regularly use the drug and then do something where using the drug might have put you in physical harm?
3.	Not asked in 1999 NHSDA.	During the past 12 months, did using the drug cause you to do things that repeatedly got you in trouble with the law?
4.	Not asked in 1999 NHSDA.	During the past 12 months, did you have any problems with family or friends that were probably caused by your use of the drug? Did you continue to use the drug even though you thought it caused problems with family or friends?

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table C.2 Percentages Reporting Having Met DSM-IV Criteria, by Specific Substances: 1999 and 2000

	DSM-IV Criteria													
	Criterion 1		Criterion 2		Criterion 3		Criterion 4		Criterion 5		Criterion 6		Criterion 7	
Substance	1999	2000	1999	2000	1999	2000	1999	2000	1999	2000	1999	2000	1999	2000
Marijuana	0.8	1.5	--	--	1.4	0.4	1.6	0.4	1.5	2.2	0.5	0.6	1.1	0.6
Cocaine	0.3	0.3	0.4	0.1	0.4	0.1	0.3	0.1	0.4	0.3	0.2	0.2	0.4	0.2
Heroin	0.1	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.1
Hallucinogens	0.1	0.2	--	--	0.1	0.0	0.1	0.0	0.2	0.2	0.1	0.1	0.2	0.1
Inhalants	0.1	0.1	--	--	0.1	0.0	0.1	0.0	0.1	0.1	0.0	0.0	0.1	
Pain Relievers	0.1	0.4	0.2	0.2	0.3	0.1	0.2	0.1	0.3	0.4	0.2	0.2	0.2	0.1
Tranquilizers	0.1	0.2	--	--	0.1	0.0	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.1
Stimulants	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Sedatives	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0
Alcohol	3.0	6.5	3.4	1.1	7.2	1.6	6.2	1.6	4.4	6.4	1.5	1.9	2.9	1.9

-- Not available.

NOTE: *Criterion 1*: Needed to use substance more than before to get desired effects or noticed that the same amount of substance use had less effect than before. *Criterion 2*: Reported experiencing two or more additional substance withdrawal symptoms at the same time that lasted longer than a day after substance use was cut back or stopped. Also, for cocaine and stimulants, respondent must have reported feeling blue or down when trying to stop or cut down using substance (not a necessary criterion for dependence of marijuana, hallucinogens, inhalants, or tranquilizers). *Criterion 3*: Used substance more often than intended and was unable to keep set limits on substance use. *Criterion 4*: Inability to cut down or stop using substance every time tried or wanted to. *Criterion 5*: Spent a great deal of time over a period of a month getting, using, or getting over the effects of substance. *Criterion 6*: Substance use reduced or eliminated involvement or participation in important activities. *Criterion 7*: Continued to use substance even though it was causing problems with emotions, nerves, mental health, or physical problems.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

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Table C.3 Total Population and Percentages of Persons Aged 12 or Older Classified with Dependence on Specific Substances in 1999 and 2000 and Classified with Abuse of Specific Substances in 2000

Substance	Dependence 1999		Dependence 2000		Abuse 2000	
	Number (in Thousands)	Percent	Number (in Thousands)	Percent	Number (in Thousands)	Percent
Any Illicit Drug[1]	3,554	1.6	2,771	1.2	1,538	0.7
Marijuana	2,319	1.0	1,676	0.8	1,164	0.5
Cocaine	770	0.3	557	0.2	190	0.1
Heroin	141	0.1	164	0.1	20	0.0
Hallucinogens	256	0.1	151	0.1	251	0.1
Inhalants	103	0.0	101	0.0	77	0.0
Any Psychotherapeutic	718	0.3	698	0.3	386	0.2
Pain Reliever	447	0.2	443	0.2	279	0.1
Tranquilizers	148	0.1	149	0.1	115	0.1
Stimulants	278	0.1	238	0.1	83	0.0
Sedatives	86	0.0	81	0.0	39	0.0
Alcohol	8,201	3.7	5,089	2.3	7,021	3.1

NOTE: Dependence and abuse are based on the definition found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

[1]Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table C.4 Percentages of Persons Aged 12 or Older Reporting Past Year Illicit Drug or Alcohol Dependence, by Demographic Characteristics: 1999 and 2000

	Type of Past Year Dependence				Type of Past Year Abuse	
	Any Illicit Drug		Alcohol		Any Illicit Drug	Alcohol
Demographic Characteristic	**1999**	**2000**	**1999**	**2000**	**2000**	**2000**
Total	1.6	1.2	3.7	2.3	0.7	3.1
Age in Years						
12-17	3.3	2.4	3.6	1.8	2.0	3.3
18-25	4.7	3.5	9.2	4.6	2.0	8.1
26 or older	0.9	0.7	2.8	2.0	0.3	2.3
Gender						
Male	2.0	1.5	4.9	3.1	0.9	4.5
Female	1.3	1.0	2.6	1.5	0.5	1.9
Hispanic Origin and Race						
Not Hispanic						
White only	1.5	1.2	3.8	2.2	0.6	3.3
Black only	2.3	1.6	3.1	2.4	0.7	2.2
American Indian/Alaska Native only	4.7	1.6	5.1	3.4	2.5	4.4
Native Hawaiian/other Pacific Islander	*	1.4	*	1.3	0.1	1.5
Asian only	0.8	0.5	2.2	2.0	0.3	1.3
More than one race	2.6	2.5	7.7	2.8	*	3.6
Hispanic	1.9	1.2	3.9	2.4	1.1	3.5

*Low precision; no estimate reported.

NOTE: Dependence is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table C.5 Treatment Gap for Persons Aged 12 or Older: 1991 to 1998 and 2000

	Old Method								New Method[1]
	1991	1992	1993	1994	1995	1996	1997	1998	2000
Needs Treatment (in Thousands)	5,148	4,716	4,741	4,610	4,646	5,303	5,726	5,031	4,655
Received Treatment (in Thousands)	1,649	1,814	1,848	1,984	2,121	1,973	2,137	2,137	774
% Treated[2]	32%	38%	39%	43%	46%	37%	37%	43%	16.6%
% Not Treated[2]	68%	62%	61%	57%	54%	63%	63%	57%	83.4%
Treatment Gap (in Thousands)	3,499	2,904	2,893	2,626	2,525	3,330	3,589	2,894	3,881

NOTE: Because of changes in the NHSDA and in the methodology, no treatment gap numbers are included for 1999. The "treatment gap" consists of those persons who needed treatment for an illicit drug problem but did not receive treatment. "Needs treatment" refers to level 2 treatment need. "Received treatment" refers to treatment received for drug abuse at a specialty facility (hospital [as an inpatient], mental health center, or drug treatment facility).

[1] Corresponds to the 2000 definition of "treatment need," not the definition of level 2 treatment need.
[2] "% treated" and the "% not treated" are among those persons who need treatment in the past year.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1991-1998 and 2000.

Table C.6 Comparison of Treatment Need Estimates from the 1999 and 2000 NHSDAs for Percentages of Persons Aged 12 or Older

Demographic Characteristic	1999 NHSDA (Without Ratio Adjustment) Total Treatment Need[1]	1999 NHSDA (Without Ratio Adjustment) Level 2 Treatment Need[1]	2000 NHSDA Treatment Need[2]
Total	3.5	1.5	2.1
Age in Years			
12-17	6.6	2.1	4.6
18-25	8.5	3.5	5.7
26 or older	2.2	1.1	1.1
Gender			
Male	4.4	2.0	2.6
Female	2.6	1.1	1.6
Hispanic Origin and Race			
Not Hispanic			
White only	3.1	1.4	2.0
Black only	4.9	2.1	2.5
American Indian/Alaska Native only	9.2	3.9	4.3
Native Hawaiian/other Pacific Islander	0.8	*	1.8
Asian only	2.2	0.5	0.7
More than one race	6.3	3.0	5.5
Hispanic	4.2	1.8	2.4

*Low precision; no estimate reported.

[1] Respondents were classified as needing treatment for illicit drug abuse if they met at least one of four criteria during the past year: (1) dependent on any illicit drug; (2) used marijuana daily, or used some other illicit drug on at least 52 days; (3) were injection drug users or used heroin; or (4) received any treatment for drug abuse. Respondents were classified with level 2 drug abuse treatment need if they met at least one of the following five criteria in the past year: (1) used marijuana daily and were dependent on marijuana; (2) were dependent on an illicit drug other than marijuana; (3) used cocaine on 52 or more days, or used inhalants, hallucinogens, pain relievers, tranquilizers, sedatives, or stimulants daily; (4) were injection drug users or used heroin; or (5) received treatment for drug abuse at a specialty facility (i.e., a hospital as an inpatient, a mental health center, or a drug abuse facility).

[2] For the 2000 definition of "needing treatment," respondents were classified as needing treatment for illicit drug abuse if they met at least one of three criteria during the past year: (1) dependent on any illicit drug; (2) abuse of any illicit drug; or (3) received treatment for drug abuse at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table C.7 Comparison of Treatment Need Estimates Using the 1999 Definition of Level 2 Treatment Need and the 2000 Definition of Treatment Need on the 2000 NHSDA's Estimated Numbers of Persons Aged 12 or Older

Demographic Characteristic	1999 Definition of Treatment Need (Level 2)[1]		2000 Definition of Treatment Need[2]	
	Number (in Thousands)	Percent	Number (in Thousands)	Percent
Total	2,677	1.2	4,655	2.1
Age in Years				
12-17	424	1.8	1,074	4.6
18-25	769	2.7	1,645	5.7
26-34	504	1.5	730	2.2
35 or older	981	0.7	1,207	0.9
Gender				
Male	1,554	1.4	2,749	2.6
Female	1,123	1.0	1,907	1.6
Hispanic Origin and Race				
Not Hispanic				
White only	1,907	1.2	3,235	2.0
Black only	353	1.4	632	2.5
American Indian/Alaska Native only	37	3.4	46	4.3
Native Hawaiian/other Pacific Islander	10	1.8	10	1.8
Asian only	28	0.4	54	0.7
More than one race	43	2.3	103	5.5
Hispanic	299	1.3	574	2.4

[1] Respondents were classified with level 2 drug abuse treatment need if they met at least one of the following five criteria in the past year: (1) used marijuana daily and were dependent on marijuana; (2) were dependent on an illicit drug other than marijuana; (3) used cocaine on 52 or more days, or used inhalants, hallucinogens, pain relievers, tranquilizers, sedatives, or stimulants daily; (4) were injection drug users or used heroin; or (5) received treatment for drug abuse at a specialty facility (i.e., a hospital as an inpatient, a mental health center, or a drug abuse facility).

[2] For the 2000 Definition of "needing treatment," respondents were classified as needing treatment for illicit drug abuse if they met at least one of three criteria during the past year: (1) dependent on any illicit drug; (2) abuse of any illicit drug; or (3) received treatment for drug abuse at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

Table C.8 Percentages Reporting Needing Treatment (1999 Definition - Level 2), Needing Treatment (2000 Definition), Abuse Only, and Dependence Only for Any Illicit Drug in the Past Year among Persons Aged 12 or Older: 2000

		Treatment Need			
Drug Use-Related Activities	Size of Population (in Thousands)	1999 Definition (Level 2)	2000 Definition	Abuse Only (2000)	Dependence Only
Used an illicit drug weekly or more often	3,644	41.2	39.1	9.6	28.3
Used heroin at least once	308	100.0	80.4	6.9	68.6
Used a needle to inject heroin, cocaine or stimulants	322	100.0	81.4	3.2	77.6
Used marijuana daily	998	34.6	35.6	9.2	26.0
Used cocaine weekly or more often	792	100.0	58.5	8.9	48.8
Met two or more DSM-IV dependence criteria	6,903	28.1	52.4	12.5	39.0
Used cocaine weekly with two or more dependence criteria	525	100.0	84.0	10.1	73.6
Had treatment for a drug problem at a hospital, treatment center, or mental health center	774	100.0	100.0	9.5	45.7
Had any type of treatment	1,268	67.2	73.0	9.5	36.2
Used inhalants weekly	354	36.7	50.5	12.3	37.7
Used psychotherapeutic weekly	2,642	31.9	37.0	10.2	25.6
With dependence or abuse	4,308	42.1	100.0	35.7	64.3
1999 definition (level 2)	2,677	100.0	80.7	5.9	61.8

NOTE: Dependence is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

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Appendix D: Other Sources of Data

Appendix D: Other Sources of Data

A variety of other surveys and data systems collect data on substance abuse and dependence and/or treatment for a substance use problem. It is useful to consider the results of these other studies when discussing the National Household Survey on Drug Abuse (NHSDA) data. In doing this, it is important to understand the methodological differences between the different surveys and the impact that these differences could have on estimates of substance abuse, dependence, or treatment. This appendix briefly describes several of these other data systems, including results from them.

National Comorbidity Survey (NCS). This survey was sponsored by the National Institute of Mental Health (NIMH), NIDA, and the W.T. Grant Foundation. It was designed to measure the prevalence of the illnesses in the *Diagnostic Statistical Manual of Mental Disorders* (DSM-III-R) (APA, 1987). The NCS was a household survey consisting of more than 8,000 respondents aged 15 to 54, and the interviews took place between 1990 and 1992. The NCS used a modified version of the Composite International Diagnostic Interview (the UM-CIDI) for its diagnoses. The results show that 3.6 percent of the population abused or were dependent on some type of drug in the past 12 months (Kessler et al., 1994). The corresponding NHSDA rate for these age groups in 2000 was 2.6 percent. Alcohol, however, showed a much higher prevalence in the NCS, with 9.7 percent of the population abusing or dependent on the drug in the past year. The 2000 NHSDA estimate was 7.4 percent. When comparing these two studies, one should keep in mind that they were conducted in two different time periods and each used a different set of diagnostic questions. The 2000 NHSDA estimates for abuse and dependence are based on the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994). The NCS results also indicated that 13.3 percent of the population aged 15 to 54 received outpatient mental health or substance abuse treatment in the past year. This estimate is not comparable with the NHSDA estimate of treatment for a substance use problem because it includes treatment for substance abuse as well as mental health.

National Longitudinal Alcohol Epidemiologic Survey (NLAES). This survey was conducted by the U.S. Bureau of the Census for the National Institute on Alcohol Abuse and Alcoholism (NIAAA) in 1992. Face-to-face interviews were conducted with 42,862 respondents aged 18 or older in the contiguous United States. It was designed to study the drinking practices, behaviors, and related problems in the general public. The survey included an extensive set of questions designed to assess the presence of symptoms of alcohol and drug abuse and dependence during the prior 12 months, based on the criteria from the DSM-IV. (This study also based its diagnoses on the updated DSM-IV.) The survey found that 7.4 percent of adults were abusing or dependent on alcohol (Grant, 1995). In 2000, the NHSDA found that 6.7 percent of

adults were abusing or dependent on alcohol. NLAES also found that 1.5 percent of adults were abusing or dependent on some type of illicit drug in the past year. In comparison, the 2000 NHSDA found that 1.7 percent of adults were abusing or dependent on some illicit drug. Past year prevalence of abuse and dependence was below 1 percent for sedatives, tranquilizers, and hallucinogens in the NLAES. This was consistent in the 2000 NHSDA. Marijuana, however, showed a past year abuse and dependence prevalence of 1.2 percent in the NLAES. The marijuana dependence and abuse rate in the 2000 NHSDA was 1.3 percent. Although the estimates from these two surveys are relatively close, one should note that they were conducted in different time periods.

The National Survey of Substance Abuse Treatment Services (N-SSATS). (Prior to 2000, NSSATS was known as the Uniform Facility Data Set [UFDS]). N-SSATS is a survey of facilities providing substance abuse treatment and is conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA). It is designed to collect data on the location, characteristics, and utilization of alcohol and drug abuse treatment facilities and services throughout the 50 States, the District of Columbia, and other U.S. jurisdictions. It includes all facilities in the United States providing substance abuse treatment (both public and private). The number of persons in substance abuse treatment (illicit drugs or alcohol) on October 1, 1998, reported by UFDS was 1,038,378 (SAMHSA, 2000). The 2000 NHSDA estimated that 781,000 persons were enrolled in substance abuse treatment at a hospital, mental health center, or drug rehabilitation center on October 1, 1999.

Treatment Episode Data Set (TEDS). The TEDS system is an admission-based system where admissions do not represent individuals. Thus, for example, an individual admitted to treatment twice within a calendar year would be counted as two admissions in TEDS. In the NHSDA, this individual would be counted as having received treatment in the past year. TEDS includes facilities that are licensed or certified by the State substance abuse agencies to provide substance abuse treatment (or are administratively tracked for other reasons). In general, facilities reporting TEDS data are those that receive State alcohol and/or drug agency funds (including Federal Block Grant funds) for the provision of alcohol and/or drug treatment services. In 1999, there were 1.6 million treatment admissions for illicit drugs or alcohol from TEDS (SAMHSA, 2001b). Because the NHSDA is not an admission-based system, estimates of treatment from the NHSDA are smaller and not comparable with estimates from TEDS.

Appendix E: Sample Size and Population Tables

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10703 (7.1N)

Table E.1 Survey Sample Sizes for All Respondents Aged 12 or Older, by Gender and Detailed Age Categories: 1999 and 2000

Age Category	Total		GENDER			
			Male		Female	
	1999	2000	1999	2000	1999	2000
Total	66,706	71,764	32,092	34,386	34,614	37,378
12	3,967	4,117	1,968	2,100	1,999	2,017
13	4,385	4,488	2,208	2,299	2,177	2,189
14	4,416	4,481	2,329	2,282	2,087	2,199
15	4,192	4,399	2,112	2,237	2,080	2,162
16	4,333	4,263	2,158	2,128	2,175	2,135
17	4,064	3,969	2,023	1,931	2,041	2,038
18	3,257	3,278	1,612	1,604	1,645	1,674
19	2,950	2,951	1,412	1,454	1,538	1,497
20	2,788	2,903	1,307	1,359	1,481	1,544
21	2,690	2,715	1,310	1,268	1,380	1,447
22	2,625	2,738	1,215	1,246	1,410	1,492
23	2,552	2,704	1,200	1,313	1,352	1,391
24	2,576	2,623	1,181	1,220	1,395	1,403
25	2,495	2,701	1,174	1,252	1,321	1,449
26-29	3,576	4,183	1,645	1,890	1,931	2,293
30-34	4,302	5,369	2,014	2,423	2,288	2,946
35-39	2,274	2,488	1,052	1,149	1,222	1,339
40-44	2,106	2,424	952	1,138	1,154	1,286
45-49	1,866	2,246	868	1,037	998	1,209
50-54	1,215	1,648	542	781	673	867
55-59	948	1,197	422	573	526	624
60-64	730	933	331	439	399	494
65 or Older	2,399	2,946	1,057	1,263	1,342	1,683

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (7.1A)

Table E.2 Estimated Numbers (in Thousands) of Persons Aged 12 or Older, by Gender and Detailed Age Categories: 1999 and 2000

Age Category	Total		GENDER			
			Male		Female	
	1999	2000	1999	2000	1999	2000
Total	221,123	223,280	106,229	107,344	114,894	115,935
12	3,570	3,742	1,776	1,932	1,794	1,810
13	4,017	4,017	2,038	2,078	1,979	1,939
14	4,068	4,046	2,195	2,087	1,873	1,959
15	3,797	4,003	1,959	2,083	1,838	1,920
16	4,032	3,964	2,021	1,990	2,011	1,974
17	3,719	3,596	1,888	1,789	1,831	1,807
18	4,279	4,312	2,172	2,203	2,107	2,109
19	3,978	3,888	1,979	1,992	1,999	1,896
20	3,784	3,883	1,809	1,909	1,974	1,974
21	3,537	3,508	1,836	1,706	1,701	1,802
22	3,370	3,390	1,637	1,635	1,733	1,755
23	3,169	3,463	1,574	1,770	1,595	1,693
24	3,218	3,214	1,552	1,581	1,666	1,633
25	3,133	3,327	1,581	1,619	1,552	1,708
26-29	14,826	14,204	7,139	6,856	7,686	7,348
30-34	18,842	18,806	9,187	9,145	9,655	9,660
35-39	22,742	21,594	11,191	10,768	11,550	10,827
40-44	21,492	22,178	10,328	10,898	11,164	11,280
45-49	19,090	20,110	9,500	9,632	9,590	10,477
50-54	16,975	19,027	7,467	8,732	9,508	10,295
55-59	12,968	13,470	6,235	6,488	6,733	6,983
60-64	10,144	10,174	4,728	4,883	5,416	5,291
65 or Older	32,373	31,364	14,435	13,570	17,938	17,794

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

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Table E.3 Survey Sample Sizes for All Respondents Aged 12 or Older, by Age Groups and Demographic Characteristics: 1999 and 2000

Demographic Characteristic	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	1999	2000	1999	2000	1999	2000	1999	2000
TOTAL	66,706	71,764	25,357	25,717	21,933	22,613	19,416	23,434
GENDER								
Male	32,092	34,386	12,798	12,977	10,411	10,716	8,883	10,693
Female	34,614	37,378	12,559	12,740	11,522	11,897	10,533	12,741
HISPANIC ORIGIN AND RACE								
Not Hispanic								
White Only	46,054	49,415	16,901	17,047	14,697	14,991	14,456	17,377
Black Only	7,982	8,494	3,297	3,367	2,729	2,711	1,956	2,416
American Indian/Alaska Native Only	739	769	273	288	278	270	188	211
Native Hawaiian/Other Pacific Islander	232	261	92	92	84	108	56	61
Asian Only	2,146	2,393	795	784	765	856	586	753
More Than One Race	1,072	1,039	483	468	380	352	209	219
Hispanic	8,481	9,393	3,516	3,671	3,000	3,325	1,965	2,397
GENDER/RACE/HISPANIC ORIGIN								
Male - White	22,142	23,740	8,540	8,597	6,935	7,166	6,667	7,977
Female - White	23,912	25,675	8,361	8,450	7,762	7,825	7,789	9,400
Male - Black	3,603	3,790	1,648	1,660	1,184	1,127	771	1,003
Female - Black	4,379	4,704	1,649	1,707	1,545	1,584	1,185	1,413
Male - Hispanic	4,317	4,634	1,790	1,892	1,547	1,615	980	1,127
Female - Hispanic	4,164	4,759	1,726	1,779	1,453	1,710	985	1,270
ADULT EDUCATION[1]								
< High School	7,458	8,376	N/A	N/A	4,347	4,771	3,111	3,605
High School Graduate	14,845	16,026	N/A	N/A	8,218	8,234	6,627	7,792
Some College	11,692	12,577	N/A	N/A	6,990	6,954	4,702	5,623
College Graduate	7,354	9,068	N/A	N/A	2,378	2,654	4,976	6,414
CURRENT EMPLOYMENT[1]								
Full-Time	23,723	26,826	N/A	N/A	11,433	11,984	12,290	14,842
Part-Time	7,220	7,567	N/A	N/A	5,184	5,113	2,036	2,454
Unemployed	1,705	1,706	N/A	N/A	1,266	1,237	439	469
Other[2]	8,701	9,948	N/A	N/A	4,050	4,279	4,651	5,669

N/A: Not applicable.

[1] Data on adult education and current employment not shown for persons aged 12 to 17. Estimates for both adult education and current employment are for persons aged ≥18.

[2] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (7.2A)

Table E.4 Estimated Numbers (in Thousands) of Persons Aged 12 or Older, by Age Groups and Demographic Characteristics: 1999 and 2000

Demographic Characteristic	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	1999	2000	1999	2000	1999	2000	1999	2000
TOTAL	221,123	223,280	23,203	23,368	28,468	28,984	169,452	170,927
GENDER								
Male	106,229	107,344	11,877	11,959	14,140	14,413	80,211	80,972
Female	114,894	115,935	11,326	11,408	14,328	14,571	89,240	89,956
HISPANIC ORIGIN AND RACE								
Not Hispanic								
White Only	162,107	162,913	15,313	15,308	18,756	19,142	128,038	128,463
Black Only	24,858	25,402	3,222	3,338	3,854	3,922	17,782	18,142
American Indian/Alaska Native Only	1,151	1,091	131	144	136	177	884	770
Native Hawaiian/Other Pacific Islander	785	545	53	66	81	104	651	376
Asian Only	7,254	7,620	897	835	1,086	1,003	5,271	5,782
More Than One Race	1,948	1,861	366	364	346	301	1,236	1,195
Hispanic	23,019	23,847	3,219	3,312	4,210	4,335	15,590	16,200
GENDER/RACE/HISPANIC ORIGIN								
Male - White	78,540	79,035	7,869	7,855	9,419	9,578	61,251	61,602
Female - White	83,568	83,878	7,444	7,453	9,336	9,564	66,787	66,861
Male - Black	11,109	11,441	1,637	1,705	1,778	1,816	7,694	7,920
Female - Black	13,748	13,961	1,585	1,633	2,076	2,106	10,087	10,222
Male - Hispanic	11,348	11,743	1,646	1,719	2,126	2,228	7,575	7,796
Female - Hispanic	11,671	12,104	1,573	1,593	2,083	2,107	8,015	8,404
ADULT EDUCATION[1]								
< High School	36,495	35,357	N/A	N/A	5,848	6,105	30,646	29,252
High School Graduate	67,834	67,135	N/A	N/A	10,242	10,401	57,592	56,734
Some College	47,925	48,303	N/A	N/A	9,110	9,061	38,815	39,242
College Graduate	45,666	49,116	N/A	N/A	3,268	3,416	42,398	45,700
CURRENT EMPLOYMENT[1]								
Full-Time	112,985	116,065	N/A	N/A	14,692	15,339	98,293	100,726
Part-Time	23,754	23,372	N/A	N/A	6,816	6,685	16,938	16,686
Unemployed	5,169	4,675	N/A	N/A	1,661	1,623	3,508	3,053
Other[2]	56,011	55,800	N/A	N/A	5,299	5,338	50,712	50,463

N/A: Not applicable.

[1] Data on adult education and current employment not shown for persons aged 12 to 17. Estimates for both adult education and current employment are for persons aged ≥18.

[2] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

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Table E.5 Survey Sample Sizes for All Respondents Aged 12 or Older, by Age Groups and Geographic Characteristics: 1999 and 2000

Geographic Characteristic	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	1999	2000	1999	2000	1999	2000	1999	2000
TOTAL	66,706	71,764	25,357	25,717	21,933	22,613	19,416	23,434
GEOGRAPHIC DIVISION								
Northeast	11,830	14,394	4,475	5,102	3,656	4,310	3,699	4,982
New England	4,768	5,608	1,876	1,915	1,375	1,684	1,517	2,009
Middle Atlantic	7,062	8,786	2,599	3,187	2,281	2,626	2,182	2,973
Midwest	18,103	19,355	6,530	6,655	6,165	6,236	5,408	6,464
East North Central	11,654	13,094	4,124	4,581	3,918	4,098	3,612	4,415
West North Central	6,449	6,261	2,406	2,074	2,247	2,138	1,796	2,049
South	21,018	22,041	7,731	7,856	7,189	7,189	6,098	6,996
South Atlantic	10,661	11,331	4,004	4,078	3,527	3,579	3,130	3,674
East South Central	3,688	3,818	1,234	1,311	1,438	1,287	1,016	1,220
West South Central	6,669	6,892	2,493	2,467	2,224	2,323	1,952	2,102
West	15,755	15,974	6,621	6,104	4,923	4,878	4,211	4,992
Mountain	7,315	7,304	2,755	2,440	2,513	2,396	2,047	2,468
Pacific	8,440	8,670	3,866	3,664	2,410	2,482	2,164	2,524
COUNTY TYPE								
Large Metro	25,901	28,744	10,116	10,576	8,121	8,759	7,664	9,409
Small Metro	22,612	24,579	8,316	8,505	7,859	8,108	6,437	7,966
250K - 1 Mil. Pop.	15,870	17,569	5,980	6,179	5,246	5,633	4,644	5,757
<250K Pop.	6,742	7,010	2,336	2,326	2,613	2,475	1,793	2,209
Nonmetro	18,193	18,441	6,925	6,636	5,953	5,746	5,315	6,059
Urbanized	6,027	5,839	2,177	1,965	2,199	1,969	1,651	1,905
Less Urbanized	9,961	10,390	3,835	3,800	3,156	3,205	2,970	3,385
Completely Rural	2,205	2,212	913	871	598	572	694	769

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (7.8A)

Table E.6 Estimated Numbers (in Thousands) of Persons Aged 12 or Older, by Age Groups and Geographic Characteristics: 1999 and 2000

Geographic Characteristic	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	1999	2000	1999	2000	1999	2000	1999	2000
TOTAL	221,123	223,280	23,203	23,368	28,468	28,984	169,452	170,927
GEOGRAPHIC DIVISION								
Northeast	42,676	42,822	4,154	4,200	5,046	5,112	33,476	33,510
New England	11,149	11,207	1,092	1,107	1,289	1,318	8,767	8,781
Middle Atlantic	31,527	31,615	3,062	3,093	3,756	3,794	24,709	24,729
Midwest	51,571	51,867	5,471	5,455	6,796	6,906	39,304	39,506
East North Central	36,134	36,303	3,776	3,769	4,744	4,805	27,613	27,729
West North Central	15,437	15,564	1,695	1,686	2,052	2,101	11,691	11,777
South	78,426	79,469	8,245	8,318	10,114	10,292	60,066	60,859
South Atlantic	40,495	41,078	4,008	4,070	4,833	4,927	31,654	32,081
East South Central	13,725	13,868	1,419	1,423	1,819	1,832	10,487	10,614
West South Central	24,205	24,522	2,818	2,825	3,462	3,533	17,926	18,164
West	48,450	49,122	5,333	5,394	6,511	6,675	36,606	37,053
Mountain	13,970	14,310	1,608	1,623	1,949	2,015	10,413	10,672
Pacific	34,480	34,812	3,725	3,771	4,563	4,660	26,192	26,380
COUNTY TYPE								
Large Metro	110,495	109,087	11,558	11,365	13,919	13,896	85,017	83,826
Small Metro	66,655	68,645	6,992	7,204	9,172	9,486	50,490	51,955
250K - 1 Mil. Pop.	49,988	51,000	5,286	5,392	6,430	6,634	38,271	38,975
<250K Pop.	16,667	17,644	1,706	1,812	2,742	2,853	12,219	12,980
Nonmetro	43,973	45,548	4,652	4,799	5,377	5,602	33,944	35,147
Urbanized	13,169	13,281	1,497	1,326	1,933	1,881	9,740	10,075
Less Urbanized	25,074	26,996	2,603	2,877	2,913	3,237	19,559	20,883
Completely Rural	5,729	5,270	553	596	531	484	4,645	4,189

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

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10725 (7.5N)

Table E.7 Survey Sample Sizes for All Respondents Aged 12 or Older, by Age Groups and Racial/Ethnic Subgroups: 1999 and 2000 Samples Combined

Racial and Ethnic Subgroup[1]	Total	AGE GROUP (Years)		
		12-17	18-25	26 or Older
NOT HISPANIC				
White	95,469	33,948	29,688	31,833
Black	16,476	6,664	5,440	4,372
American Indian/Alaska Native	1,508	561	548	399
Native Hawaiian	180	69	66	45
Other Pacific Islander	309	114	124	71
Chinese	738	238	257	243
Filipino	800	307	261	232
Japanese	494	123	168	203
Asian Indian	906	258	351	297
Korean	436	171	158	107
Vietnamese	453	195	154	104
HISPANIC				
Mexican	11,736	4,834	4,189	2,713
Puerto Rican	2,125	897	767	461
Central or South American	2,363	862	848	653
Cuban	621	243	164	214

[1] This table is not an exhaustive summary of all racial/ethnic subgroups. Respondents who reported a racial/ethnic subgroup that is rare in the U.S., or who reported more than one racial/ethnic subgroup, are not included.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10725 (7.5A)

Table E.8 Estimated Numbers (in Thousands) of Persons Aged 12 or Older, by Age Groups and Racial/Ethnic Subgroups: Annual Averages Based on 1999 and 2000 Samples

Racial and Ethnic Subgroup[1]	Total	AGE GROUP (Years)		
		12-17	18-25	26 or Older
NOT HISPANIC				
White	162,510	15,311	18,949	128,250
Black	25,130	3,280	3,888	17,962
American Indian/Alaska Native	1,121	138	156	827
Native Hawaiian	119	15	21	83
Other Pacific Islander	545	44	70	430
Chinese	1,430	131	174	1,125
Filipino	1,504	165	179	1,160
Japanese	629	37	74	518
Asian Indian	1,546	145	212	1,189
Korean	632	86	88	458
Vietnamese	671	132	120	420
HISPANIC				
Mexican	15,159	2,241	3,024	9,893
Puerto Rican	2,568	393	438	1,737
Central or South American	3,236	391	522	2,323
Cuban	1,133	96	93	945

[1] This table is not an exhaustive summary of all racial/ethnic subgroups. Respondents who reported a racial/ethnic subgroup that is rare in the U.S., or who reported more than one racial/ethnic subgroup, are not included.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

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Appendix F: Tables on Dependence, Abuse, and Treatment Need

10913 (5.1A)

Table F.1 Estimated Numbers (in Thousands) of Persons Reporting Past Year Substance Dependence, by Age Groups: 2000

Past Year Dependence	Total	AGE GROUP (Years)		
		12-17	18-25	26 or Older
Any Illicit Drug[1]	2,771	560	1,013	1,197
Marijuana and Hashish	1,676	423	736	516
Cocaine	557	49	150	358
Heroin	164	6	38	120
Hallucinogens	151	38	91	23
Inhalants	101	36	12	53
Nonmedical Use of Any Psychotherapeutic[2]	698	118	187	393
Pain Relievers	443	94	133	216
Tranquilizers	149	19	27	103
Stimulants	238	34	54	151
Sedatives	81	12	12	57
Alcohol	5,089	418	1,337	3,335
Alcohol or Any Illicit Drug[1]	7,066	826	2,087	4,154
Alcohol and Any Illicit Drug[1]	794	152	263	379

*Low precision; no estimate reported.

NOTE: Dependence is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

[1] Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

Table F.2 Percentages Reporting Past Year Substance Dependence, by Age Groups: 2000

Past Year Dependence	Total	AGE GROUP (Years)		
		12-17	18-25	26 or Older
Any Illicit Drug[1]	1.2	2.4	3.5	0.7
Marijuana and Hashish	0.8	1.8	2.5	0.3
Cocaine	0.2	0.2	0.5	0.2
Heroin	0.1	0.0	0.1	0.1
Hallucinogens	0.1	0.2	0.3	0.0
Inhalants	0.0	0.2	0.0	0.0
Nonmedical Use of Any Psychotherapeutic[2]	0.3	0.5	0.6	0.2
Pain Relievers	0.2	0.4	0.5	0.1
Tranquilizers	0.1	0.1	0.1	0.1
Stimulants	0.1	0.1	0.2	0.1
Sedatives	0.0	0.1	0.0	0.0
Alcohol	2.3	1.8	4.6	2.0
Alcohol or Any Illicit Drug[1]	3.2	3.5	7.2	2.4
Alcohol and Any Illicit Drug[1]	0.4	0.7	0.9	0.2

*Low precision; no estimate reported.

NOTE: Dependence is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

[1] Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

10913 (5.2B)

Table F.3 Percentages Reporting Past Year Any Illicit Drug or Alcohol Dependence, by Detailed Age Categories: 2000

Age Category	TYPE OF PAST YEAR DEPENDENCE		
	Any Illicit Drug	Alcohol	Any Illicit Drug or Alcohol
Total	1.2	2.3	3.2
12	0.4	0.2	0.5
13	1.0	0.4	1.2
14	1.5	1.1	2.1
15	3.2	2.4	4.4
16	4.0	2.9	5.8
17	4.5	3.8	7.4
18	4.9	4.0	7.5
19	4.6	5.6	9.4
20	4.6	5.0	8.3
21	3.8	5.4	8.0
22	3.4	5.6	8.2
23	2.2	4.7	6.2
24	1.9	3.7	5.1
25	1.7	2.7	4.1
26-29	1.4	2.9	3.8
30-34	1.1	2.5	3.4
35-39	1.0	3.0	3.7
40-44	0.8	2.5	3.1
45-49	1.2	2.6	3.4
50-54	0.5	1.6	1.7
55-59	0.2	1.2	1.4
60-64	*	0.8	0.8
65 or Older	0.1	0.5	0.6

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: Dependence is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

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10913 (5.3B)

Table F.4 Percentages of Persons Aged 12 or Older Reporting Past Year Any Illicit Drug or Alcohol Dependence, by Demographic Characteristics: 2000

Demographic Characteristic	TYPE OF PAST YEAR DEPENDENCE		
	Any Illicit Drug	Alcohol	Any Illicit Drug or Alcohol
TOTAL	1.2	2.3	3.2
AGE			
12-17	2.4	1.8	3.5
18-25	3.5	4.6	7.2
26 or Older	0.7	2.0	2.4
GENDER			
Male	1.5	3.1	4.2
Female	1.0	1.5	2.2
HISPANIC ORIGIN AND RACE			
Not Hispanic			
White Only	1.2	2.2	3.1
Black Only	1.6	2.4	3.6
American Indian/Alaska Native Only	1.6	3.4	4.4
Native Hawaiian/Other Pacific Islander	1.4	1.3	2.0
Asian Only	0.5	2.0	2.2
More Than One Race	2.5	2.8	4.5
Hispanic	1.2	2.4	3.1

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: Dependence is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

Table F.5 Percentages of Persons Aged 12 or Older Reporting Past Year Any Illicit Drug or Alcohol Dependence, by Geographic Characteristics: 2000

Geographic Characteristic	TYPE OF PAST YEAR DEPENDENCE		
	Any Illicit Drug	Alcohol	Any Illicit Drug or Alcohol
TOTAL	1.2	2.3	3.2
GEOGRAPHIC DIVISION			
Northeast	1.5	2.1	3.2
New England	2.0	2.5	4.1
Middle Atlantic	1.3	1.9	2.9
Midwest	0.9	2.1	2.8
East North Central	1.0	2.1	2.8
West North Central	0.8	2.1	2.8
South	1.0	2.2	2.9
South Atlantic	1.0	2.0	2.7
East South Central	1.0	2.9	3.7
West South Central	1.0	2.2	2.9
West	1.8	2.7	3.9
Mountain	1.8	2.4	3.6
Pacific	1.8	2.8	4.1
COUNTY TYPE			
Large Metro	1.4	2.3	3.3
Small Metro	1.2	2.2	3.0
250K - 1 Mil. Pop.	1.2	2.2	3.0
<250K Pop.	1.3	2.3	3.2
Nonmetro	1.0	2.3	3.0
Urbanized	1.1	2.1	2.8
Less Urbanized	1.0	2.3	3.0
Completely Rural	0.6	3.0	3.4

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: Dependence is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

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10913 (5.13A)

Table F.6 Estimated Numbers (in Thousands) of Persons Reporting Past Year Substance Abuse, by Age Groups: 2000

Past Year Abuse	Total	AGE GROUP (Years)		
		12-17	18-25	26 or Older
Any Illicit Drug[1]	1,538	478	572	488
Marijuana and Hashish	1,164	362	451	352
Cocaine	190	36	75	79
Heroin	20	8	11	*
Hallucinogens	251	100	129	22
Inhalants	77	54	20	*
Nonmedical Use of Any Psychotherapeutic[2]	386	129	104	153
Pain Relievers	279	88	71	120
Tranquilizers	115	25	35	55
Stimulants	83	50	22	11
Sedatives	39	9	12	17
Alcohol	7,021	783	2,360	3,879
Alcohol or Any Illicit Drug[1]	8,105	1,128	2,723	4,254
Alcohol and Any Illicit Drug[1]	454	133	209	112

*Low precision; no estimate reported.

NOTE: Abuse is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

[1] Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

Table F.7 Percentages Reporting Past Year Substance Abuse, by Age Groups: 2000

Past Year Abuse	Total	AGE GROUP (Years)		
		12-17	18-25	26 or Older
Any Illicit Drug[1]	0.7	2.0	2.0	0.3
Marijuana and Hashish	0.5	1.5	1.6	0.2
Cocaine	0.1	0.2	0.3	0.0
Heroin	0.0	0.0	0.0	*
Hallucinogens	0.1	0.4	0.4	0.0
Inhalants	0.0	0.2	0.1	*
Nonmedical Use of Any Psychotherapeutic[2]	0.2	0.6	0.4	0.1
Pain Relievers	0.1	0.4	0.2	0.1
Tranquilizers	0.1	0.1	0.1	0.0
Stimulants	0.0	0.2	0.1	0.0
Sedatives	0.0	0.0	0.0	0.0
Alcohol	3.1	3.3	8.1	2.3
Alcohol or Any Illicit Drug[1]	3.6	4.8	9.4	2.5
Alcohol and Any Illicit Drug[1]	0.2	0.6	0.7	0.1

*Low precision; no estimate reported.

NOTE: Abuse is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

[1] Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

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10913 (5.14B)

Table F.8 Percentages Reporting Past Year Any Illicit Drug or Alcohol Abuse, by Detailed Age Categories: 2000

Age Category	TYPE OF PAST YEAR ABUSE		
	Any Illicit Drug	Alcohol	Any Illicit Drug or Alcohol
Total	0.7	3.1	3.6
12	0.5	0.3	0.8
13	1.1	1.1	1.9
14	1.6	2.0	3.3
15	2.7	4.1	6.1
16	3.1	6.0	8.2
17	3.3	6.8	9.0
18	3.3	7.7	9.5
19	3.5	9.6	12.0
20	2.3	9.1	10.5
21	1.7	8.8	10.0
22	1.6	8.7	9.6
23	1.0	8.1	8.8
24	1.2	6.7	7.5
25	0.5	6.2	6.4
26-29	0.8	5.3	5.8
30-34	0.6	4.2	4.7
35-39	0.4	3.3	3.5
40-44	0.2	2.2	2.4
45-49	0.2	1.9	2.1
50-54	0.3	1.2	1.5
55-59	0.1	1.2	1.3
60-64	*	0.8	0.8
65 or Older	*	0.9	0.9

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: Abuse is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

10913 (5.15B)

Table F.9 Percentages of Persons Aged 12 or Older Reporting Past Year Any Illicit Drug or Alcohol Abuse, by Demographic Characteristics: 2000

Demographic Characteristic	TYPE OF PAST YEAR ABUSE		
	Any Illicit Drug	Alcohol	Any Illicit Drug or Alcohol
TOTAL	0.7	3.1	3.6
AGE			
12-17	2.0	3.3	4.8
18-25	2.0	8.1	9.4
26 or Older	0.3	2.3	2.5
GENDER			
Male	0.9	4.5	5.1
Female	0.5	1.9	2.2
HISPANIC ORIGIN AND RACE			
Not Hispanic			
White Only	0.6	3.3	3.7
Black Only	0.7	2.2	2.7
American Indian/Alaska Native Only	2.5	4.4	6.1
Native Hawaiian/Other Pacific Islander	0.1	1.5	1.6
Asian Only	0.3	1.3	1.5
More Than One Race	*	3.6	6.3
Hispanic	1.1	3.5	4.2

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: Abuse is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

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10913 (5.20B)

Table F.10 Percentages of Persons Aged 12 or Older Reporting Past Year Any Illicit Drug or Alcohol Abuse, by Geographic Characteristics: 2000

Geographic Characteristic	TYPE OF PAST YEAR ABUSE		
	Any Illicit Drug	Alcohol	Any Illicit Drug or Alcohol
TOTAL	0.7	3.1	3.6
GEOGRAPHIC DIVISION			
Northeast	0.7	3.3	3.7
New England	0.8	4.7	5.3
Middle Atlantic	0.7	2.7	3.1
Midwest	0.8	3.2	3.8
East North Central	0.8	3.2	3.7
West North Central	0.7	3.2	3.9
South	0.6	2.8	3.2
South Atlantic	0.5	2.5	2.9
East South Central	0.5	2.6	3.1
West South Central	0.7	3.5	3.9
West	0.8	3.4	4.1
Mountain	0.8	3.5	4.2
Pacific	0.7	3.4	4.0
COUNTY TYPE			
Large Metro	0.8	3.3	3.9
Small Metro	0.6	3.1	3.6
250K - 1 Mil. Pop.	0.6	3.1	3.5
<250K Pop.	0.6	3.3	3.7
Nonmetro	0.6	2.7	3.1
Urbanized	0.7	3.2	3.6
Less Urbanized	0.5	2.5	2.9
Completely Rural	0.5	2.5	2.7

•Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: Abuse is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

10913 (5.25A)

Table F.11 Estimated Numbers (in Thousands) of Persons Reporting Past Year Substance Dependence or Abuse, by Age Groups: 2000

Past Year Dependence or Abuse	Total	AGE GROUP (Years)		
		12-17	18-25	26 or Older
Any Illicit Drug[1]	4,308	1,038	1,585	1,685
Marijuana and Hashish	2,840	785	1,187	868
Cocaine	748	85	226	436
Heroin	185	14	49	121
Hallucinogens	402	138	220	45
Inhalants	178	91	32	55
Nonmedical Use of Any Psychotherapeutic[2]	1,084	247	292	546
Pain Relievers	723	182	204	336
Tranquilizers	264	45	62	158
Stimulants	321	84	76	161
Sedatives	119	21	24	74
Alcohol	12,110	1,200	3,696	7,214
Alcohol or Any Illicit Drug[1]	14,472	1,789	4,455	8,227
Alcohol and Any Illicit Drug[1]	1,947	449	826	671

*Low precision; no estimate reported.

NOTE: Dependence or abuse is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

[1] Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

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10913 (5.25B)

Table F.12 Percentages Reporting Past Year Substance Dependence or Abuse, by Age Groups: 2000

Past Year Dependence or Abuse	Total	AGE GROUP (Years)		
		12-17	18-25	26 or Older
Any Illicit Drug[1]	1.9	4.4	5.5	1.0
Marijuana and Hashish	1.3	3.4	4.1	0.5
Cocaine	0.3	0.4	0.8	0.3
Heroin	0.1	0.1	0.2	0.1
Hallucinogens	0.2	0.6	0.8	0.0
Inhalants	0.1	0.4	0.1	0.0
Nonmedical Use of Any Psychotherapeutic[2]	0.5	1.1	1.0	0.3
Pain Relievers	0.3	0.8	0.7	0.2
Tranquilizers	0.1	0.2	0.2	0.1
Stimulants	0.1	0.4	0.3	0.1
Sedatives	0.1	0.1	0.1	0.0
Alcohol	5.4	5.1	12.8	4.2
Alcohol or Any Illicit Drug[1]	6.5	7.7	15.4	4.8
Alcohol and Any Illicit Drug[1]	0.9	1.9	2.9	0.4

*Low precision; no estimate reported.

NOTE: Dependence or abuse is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

[1] Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

10913 (5.26A)

Table F.13 Estimated Numbers (in Thousands) of Persons Reporting Past Year Dependence or Abuse for Any Illicit Drug or Alcohol, by Detailed Age Categories: 2000

Age Category	TYPE OF PAST YEAR DEPENDENCE OR ABUSE		
	Any Illicit Drug	Alcohol	Any Illicit Drug or Alcohol
Total	4,308	12,110	14,472
12	32	21	46
13	82	62	119
14	126	123	201
15	236	260	386
16	280	353	497
17	282	381	540
18	351	501	666
19	316	592	750
20	268	547	674
21	193	499	583
22	169	484	571
23	112	442	502
24	103	333	376
25	75	297	333
26-29	315	1,167	1,292
30-34	323	1,265	1,464
35-39	308	1,362	1,561
40-44	223	1,050	1,191
45-49	276	900	1,108
50-54	168	534	604
55-59	40	331	370
60-64	*	162	162
65 or Older	31	443	474

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: Dependence or abuse is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

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10913 (5.26B)

Table F.14 Percentages Reporting Past Year Dependence or Abuse for Any Illicit Drug or Alcohol, by Detailed Age Categories: 2000

Age Category	TYPE OF PAST YEAR DEPENDENCE OR ABUSE		
	Any Illicit Drug	Alcohol	Any Illicit Drug or Alcohol
Total	1.9	5.4	6.5
12	0.8	0.6	1.2
13	2.0	1.5	3.0
14	3.1	3.0	5.0
15	5.9	6.5	9.6
16	7.1	8.9	12.5
17	7.8	10.6	15.0
18	8.1	11.6	15.5
19	8.1	15.2	19.3
20	6.9	14.1	17.4
21	5.5	14.2	16.6
22	5.0	14.3	16.8
23	3.2	12.8	14.5
24	3.2	10.3	11.7
25	2.3	8.9	10.0
26-29	2.2	8.2	9.1
30-34	1.7	6.7	7.8
35-39	1.4	6.3	7.2
40-44	1.0	4.7	5.4
45-49	1.4	4.5	5.5
50-54	0.9	2.8	3.2
55-59	0.3	2.5	2.7
60-64	*	1.6	1.6
65 or Older	0.1	1.4	1.5

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: Dependence or abuse is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

10913 (5.27A)

Table F.15 Estimated Numbers (in Thousands) of Persons Aged 12 or Older Reporting Past Year Dependence or Abuse for Any Illicit Drug or Alcohol, by Demographic Characteristics: 2000

Demographic Characteristic	TYPE OF PAST YEAR DEPENDENCE OR ABUSE		
	Any Illicit Drug	Alcohol	Any Illicit Drug or Alcohol
TOTAL	4,308	12,110	14,472
AGE			
12-17	1,038	1,200	1,789
18-25	1,585	3,696	4,455
26 or Older	1,685	7,214	8,227
GENDER			
Male	2,532	8,240	9,566
Female	1,777	3,870	4,905
HISPANIC ORIGIN AND RACE			
Not Hispanic			
White Only	2,975	9,041	10,713
Black Only	580	1,183	1,496
American Indian/Alaska Native Only	45	86	109
Native Hawaiian/Other Pacific Islander	8	16	19
Asian Only	54	251	276
More Than One Race	101	120	183
Hispanic	546	1,415	1,675

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: Dependence or abuse is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

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10913 (5.27B)

Table F.16 Percentages of Persons Aged 12 or Older Reporting Past Year Dependence or Abuse for Any Illicit Drug or Alcohol, by Demographic Characteristics: 2000

Demographic Characteristic	TYPE OF PAST YEAR DEPENDENCE OR ABUSE		
	Any Illicit Drug	Alcohol	Any Illicit Drug or Alcohol
TOTAL	1.9	5.4	6.5
AGE			
12-17	4.4	5.1	7.7
18-25	5.5	12.8	15.4
26 or Older	1.0	4.2	4.8
GENDER			
Male	2.4	7.7	8.9
Female	1.5	3.3	4.2
HISPANIC ORIGIN AND RACE			
Not Hispanic			
White Only	1.8	5.5	6.6
Black Only	2.3	4.7	5.9
American Indian/Alaska Native Only	4.1	7.9	10.0
Native Hawaiian/Other Pacific Islander	1.4	2.8	3.5
Asian Only	0.7	3.3	3.6
More Than One Race	5.4	6.4	9.8
Hispanic	2.3	5.9	7.0

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: Dependence or abuse is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

10913 (5.28B)

Table F.17 Percentages of Persons Aged 12 to 17 Reporting Past Year Dependence or Abuse for Any Illicit Drug or Alcohol, by Demographic Characteristics: 2000

Demographic Characteristic	TYPE OF PAST YEAR DEPENDENCE OR ABUSE		
	Any Illicit Drug	Alcohol	Any Illicit Drug or Alcohol
TOTAL	4.4	5.1	7.7
GENDER			
Male	4.8	5.2	7.9
Female	4.1	5.1	7.4
HISPANIC ORIGIN AND RACE			
Not Hispanic			
White Only	4.6	5.8	8.3
Black Only	3.5	2.7	5.1
American Indian/Alaska Native Only	10.5	7.9	14.2
Native Hawaiian/Other Pacific Islander	*	*	*
Asian Only	2.8	2.8	4.8
More Than One Race	2.5	5.6	6.9
Hispanic	5.1	5.0	7.8
GENDER/RACE/HISPANIC ORIGIN			
Male - White	4.8	5.8	8.5
Female - White	4.4	5.8	8.1
Male - Black	4.5	3.1	5.9
Female - Black	2.4	2.3	4.2
Male - Hispanic	5.2	5.5	8.2
Female - Hispanic	5.0	4.5	7.4

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: Dependence or abuse is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

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Table F.18 Percentages of Persons Aged 18 to 25 Reporting Past Year Dependence or Abuse for Any Illicit Drug or Alcohol, by Demographic Characteristics: 2000

Demographic Characteristic	TYPE OF PAST YEAR DEPENDENCE OR ABUSE		
	Any Illicit Drug	Alcohol	Any Illicit Drug or Alcohol
TOTAL	5.5	12.8	15.4
GENDER			
Male	6.9	16.8	19.9
Female	4.0	8.8	10.9
HISPANIC ORIGIN AND RACE			
Not Hispanic			
White Only	6.0	14.4	17.3
Black Only	5.2	8.9	11.3
American Indian/Alaska Native Only	*	18.1	18.5
Native Hawaiian/Other Pacific Islander	*	8.0	8.0
Asian Only	1.7	6.6	7.0
More Than One Race	8.7	19.7	24.2
Hispanic	4.0	9.8	12.1
ADULT EDUCATION			
< High School	8.1	12.6	16.7
High School Graduate	5.8	11.6	14.3
Some College	4.6	14.3	16.4
College Graduate	2.0	12.5	13.3
CURRENT EMPLOYMENT			
Full-Time	5.3	13.4	15.7
Part-Time	5.3	12.7	15.7
Unemployed	11.7	17.0	22.1
Other[1]	4.4	9.7	11.9

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: Dependence or abuse is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

[1] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

Table F.19 Percentages of Persons Aged 18 or Older Reporting Past Year Dependence or Abuse for Any Illicit Drug or Alcohol, by Demographic Characteristics: 2000

Demographic Characteristic	TYPE OF PAST YEAR DEPENDENCE OR ABUSE		
	Any Illicit Drug	Alcohol	Any Illicit Drug or Alcohol
TOTAL	1.6	5.5	6.3
GENDER			
Male	2.1	8.0	9.0
Female	1.3	3.2	3.9
HISPANIC ORIGIN AND RACE			
Not Hispanic			
White Only	1.5	5.5	6.4
Black Only	2.1	5.0	6.0
American Indian/Alaska Native Only	3.1	7.8	9.4
Native Hawaiian/Other Pacific Islander	1.2	2.4	3.0
Asian Only	0.5	3.3	3.5
More Than One Race	6.1	6.6	10.5
Hispanic	1.8	6.1	6.9
ADULT EDUCATION			
< High School	2.5	6.5	7.6
High School Graduate	1.5	5.2	6.1
Some College	1.7	6.2	7.1
College Graduate	1.1	4.3	5.1
CURRENT EMPLOYMENT			
Full-Time	1.5	6.2	7.0
Part-Time	2.5	6.1	7.5
Unemployed	6.7	10.7	14.3
Other[1]	1.1	3.3	3.9

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: Dependence or abuse is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

[1] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

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Table F.20 Estimated Numbers (in Thousands) of Persons Aged 12 or Older Reporting Past Year Dependence or Abuse for Any Illicit Drug or Alcohol, by Geographic Characteristics: 2000

Geographic Characteristic	TYPE OF PAST YEAR DEPENDENCE OR ABUSE		
	Any Illicit Drug	Alcohol	Any Illicit Drug or Alcohol
TOTAL	4,308	12,110	14,472
GEOGRAPHIC DIVISION			
Northeast	930	2,288	2,819
New England	320	816	1,009
Middle Atlantic	610	1,473	1,810
Midwest	866	2,762	3,233
East North Central	625	1,927	2,238
West North Central	241	835	995
South	1,236	4,047	4,708
South Atlantic	616	1,877	2,230
East South Central	212	764	883
West South Central	408	1,406	1,595
West	1,277	3,012	3,711
Mountain	381	850	1,058
Pacific	895	2,163	2,654
COUNTY TYPE			
Large Metro	2,344	6,164	7,484
Small Metro	1,258	3,672	4,320
250K - 1 Mil. Pop.	932	2,691	3,175
<250K Pop.	326	980	1,145
Nonmetro	707	2,274	2,668
Urbanized	235	695	817
Less Urbanized	414	1,290	1,534
Completely Rural	58	289	317

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: Dependence or abuse is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

Table F.21 Percentages of Persons Aged 12 or Older Reporting Past Year Dependence or Abuse for Any Illicit Drug or Alcohol, by Geographic Characteristics: 2000

Geographic Characteristic	TYPE OF PAST YEAR DEPENDENCE OR ABUSE		
	Any Illicit Drug	Alcohol	Any Illicit Drug or Alcohol
TOTAL	1.9	5.4	6.5
GEOGRAPHIC DIVISION			
Northeast	2.2	5.3	6.6
New England	2.9	7.3	9.0
Middle Atlantic	1.9	4.7	5.7
Midwest	1.7	5.3	6.2
East North Central	1.7	5.3	6.2
West North Central	1.5	5.4	6.4
South	1.6	5.1	5.9
South Atlantic	1.5	4.6	5.4
East South Central	1.5	5.5	6.4
West South Central	1.7	5.7	6.5
West	2.6	6.1	7.6
Mountain	2.7	5.9	7.4
Pacific	2.6	6.2	7.6
COUNTY TYPE			
Large Metro	2.1	5.7	6.9
Small Metro	1.8	5.3	6.3
250K - 1 Mil. Pop.	1.8	5.3	6.2
<250K Pop.	1.8	5.6	6.5
Nonmetro	1.6	5.0	5.9
Urbanized	1.8	5.2	6.2
Less Urbanized	1.5	4.8	5.7
Completely Rural	1.1	5.5	6.0

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: Dependence or abuse is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

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10913 (5.33B)

Table F.22 Percentages of Persons Aged 12 to 17 Reporting Past Year Dependence or Abuse for Any Illicit Drug or Alcohol, by Geographic Characteristics: 2000

Geographic Characteristic	TYPE OF PAST YEAR DEPENDENCE OR ABUSE		
	Any Illicit Drug	Alcohol	Any Illicit Drug or Alcohol
TOTAL	4.4	5.1	7.7
GEOGRAPHIC DIVISION			
Northeast	4.3	5.3	7.3
New England	7.1	8.3	11.1
Middle Atlantic	3.2	4.2	5.9
Midwest	3.9	5.3	7.6
East North Central	4.1	5.2	7.6
West North Central	3.5	5.5	7.6
South	4.3	4.8	7.5
South Atlantic	3.9	3.8	6.3
East South Central	4.2	6.3	9.1
West South Central	5.0	5.4	8.3
West	5.3	5.5	8.3
Mountain	5.1	5.5	8.3
Pacific	5.3	5.4	8.2
COUNTY TYPE			
Large Metro	4.2	4.5	6.9
Small Metro	4.8	5.3	8.1
250K - 1 Mil. Pop.	4.7	4.9	7.6
<250K Pop.	5.3	6.5	9.4
Nonmetro	4.4	6.3	8.8
Urbanized	5.0	6.7	9.5
Less Urbanized	3.8	5.9	8.2
Completely Rural	5.5	8.0	10.2

•Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: Dependence or abuse is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

10913 (5.34B)

Table F.23 Percentages of Persons Aged 18 to 25 Reporting Past Year Dependence or Abuse for Any Illicit Drug or Alcohol, by Geographic Characteristics: 2000

Geographic Characteristic	TYPE OF PAST YEAR DEPENDENCE OR ABUSE		
	Any Illicit Drug	Alcohol	Any Illicit Drug or Alcohol
TOTAL	5.5	12.8	15.4
GEOGRAPHIC DIVISION			
Northeast	7.4	13.3	17.2
New England	7.2	18.5	22.5
Middle Atlantic	7.4	11.5	15.4
Midwest	5.0	14.6	16.4
East North Central	5.5	14.4	16.3
West North Central	3.6	15.1	16.6
South	5.1	11.8	14.1
South Atlantic	4.8	12.2	14.6
East South Central	5.9	11.3	13.9
West South Central	5.1	11.4	13.5
West	5.1	12.0	14.8
Mountain	5.5	13.6	16.5
Pacific	4.9	11.3	14.1
COUNTY TYPE			
Large Metro	5.7	11.8	14.8
Small Metro	5.7	13.7	16.2
250K - 1 Mil. Pop.	6.0	13.1	15.9
<250K Pop.	5.1	15.1	17.0
Nonmetro	4.3	13.6	15.3
Urbanized	5.4	14.5	16.8
Less Urbanized	4.2	13.7	15.1
Completely Rural	1.3	9.5	10.4

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: Dependence or abuse is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

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10913 (5.36B)

Table F.24 Percentages of Persons Aged 18 or Older Reporting Past Year Dependence or Abuse for Any Illicit Drug or Alcohol, by Geographic Characteristics: 2000

Geographic Characteristic	TYPE OF PAST YEAR DEPENDENCE OR ABUSE		
	Any Illicit Drug	Alcohol	Any Illicit Drug or Alcohol
TOTAL	1.6	5.5	6.3
GEOGRAPHIC DIVISION			
Northeast	1.9	5.4	6.5
New England	2.4	7.2	8.8
Middle Atlantic	1.8	4.7	5.7
Midwest	1.4	5.3	6.1
East North Central	1.4	5.3	6.0
West North Central	1.3	5.3	6.2
South	1.2	5.1	5.7
South Atlantic	1.2	4.7	5.3
East South Central	1.2	5.4	6.1
West South Central	1.2	5.8	6.3
West	2.3	6.2	7.5
Mountain	2.4	6.0	7.3
Pacific	2.2	6.3	7.5
COUNTY TYPE			
Large Metro	1.9	5.8	6.9
Small Metro	1.5	5.4	6.1
250K - 1 Mil. Pop.	1.5	5.3	6.1
<250K Pop.	1.5	5.4	6.2
Nonmetro	1.2	4.8	5.5
Urbanized	1.4	5.1	5.8
Less Urbanized	1.3	4.7	5.4
Completely Rural	0.6	5.2	5.5

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: Dependence or abuse is based on the definition found in the 4th ed. of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

10913 (5.37B)

Table F.25 Percentages of Persons Who Received Substance Abuse Treatment in the Past Year, by Detailed Age Categories: 2000

Age Category	RECEIVED TREATMENT IN THE PAST YEAR[1]			
	Any Illicit Drug	Alcohol	Both Any Illicit Drug and Alcohol	Any Illicit Drug or Alcohol[2]
Total	0.6	0.9	0.4	1.3
12	0.1	0.1	0.0	0.2
13	0.2	0.4	0.2	0.7
14	0.7	0.6	0.4	1.1
15	1.1	1.1	0.8	1.7
16	2.0	1.5	1.2	2.6
17	2.4	2.4	1.7	3.4
18	1.2	1.6	0.9	2.2
19	0.9	1.6	0.6	2.4
20	1.5	1.8	1.2	2.6
21	0.9	1.7	0.7	2.0
22	0.9	0.9	0.3	1.8
23	0.9	1.7	0.6	2.3
24	0.8	1.1	0.5	1.4
25	0.4	0.6	0.2	0.8
26-29	0.8	1.3	0.6	1.8
30-34	0.6	1.1	0.3	1.5
35-39	0.6	1.2	0.4	1.6
40-44	0.7	1.2	0.5	1.5
45-49	0.4	0.8	0.2	1.0
50-54	0.7	1.4	0.6	1.6
55-59	0.1	0.8	*	0.9
60-64	*	0.3	*	0.5
65 or Older	0.0	0.0	*	0.0

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

[1] "Received treatment" refers to treatment received in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use. It includes treatment received at any location, such as a hospital, at a rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

[2] Estimates include persons who received treatment specifically for alcohol or any illicit drug, as well as persons who received treatment but did not specify for what substance(s).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

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10913 (5.38A)

Table F.26 Estimated Numbers (in Thousands) of Persons Aged 12 or Older Who Received Substance Abuse Treatment in the Past Year, by Demographic Characteristics: 2000

Demographic Characteristic	RECEIVED TREATMENT IN THE PAST YEAR[1]			
	Any Illicit Drug	Alcohol	Both Any Illicit Drug and Alcohol	Any Illicit Drug or Alcohol[2]
TOTAL	1,268	2,109	884	2,829
AGE				
12-17	249	232	173	372
18-25	275	405	185	572
26 or Older	744	1,472	526	1,885
GENDER				
Male	704	1,500	525	1,944
Female	563	609	359	885
HISPANIC ORIGIN AND RACE				
Not Hispanic				
White Only	920	1,540	592	2,098
Black Only	197	285	170	372
American Indian/Alaska Native Only	12	37	10	44
Native Hawaiian/Other Pacific Islander	3	3	2	6
Asian Only	5	18	5	19
More Than One Race	25	30	25	30
Hispanic	105	197	80	260

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

[1] "Received treatment" refers to treatment received in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use. It includes treatment received at any location, such as a hospital, at a rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

[2] Estimates include persons who received treatment specifically for alcohol or any illicit drug, as well as persons who received treatment but did not specify for what substance(s).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

10913 (5.38B)

Table F.27 Percentages of Persons Aged 12 or Older Who Received Substance Abuse Treatment in the Past Year, by Demographic Characteristics: 2000

Demographic Characteristic	RECEIVED TREATMENT IN THE PAST YEAR[1]			
	Any Illicit Drug	Alcohol	Both Any Illicit Drug and Alcohol	Any Illicit Drug or Alcohol[2]
TOTAL	0.6	0.9	0.4	1.3
AGE				
12-17	1.1	1.0	0.7	1.6
18-25	0.9	1.4	0.6	2.0
26 or Older	0.4	0.9	0.3	1.1
GENDER				
Male	0.7	1.4	0.5	1.8
Female	0.5	0.5	0.3	0.8
HISPANIC ORIGIN AND RACE				
Not Hispanic				
White Only	0.6	0.9	0.4	1.3
Black Only	0.8	1.1	0.7	1.5
American Indian/Alaska Native Only	1.1	3.4	0.9	4.0
Native Hawaiian/Other Pacific Islander	0.5	0.5	0.4	1.1
Asian Only	0.1	0.2	0.1	0.3
More Than One Race	1.3	1.6	1.3	1.6
Hispanic	0.4	0.8	0.3	1.1

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

[1] "Received treatment" refers to treatment received in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use. It includes treatment received at any location, such as a hospital, at a rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

[2] Estimates include persons who received treatment specifically for alcohol or any illicit drug, as well as persons who received treatment but did not specify for what substance(s).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

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10913 (5.39B)

Table F.28 Percentages of Persons Aged 12 to 17 Who Received Substance Abuse Treatment in the Past Year, by Demographic Characteristics: 2000

Demographic Characteristic	RECEIVED TREATMENT IN THE PAST YEAR[1]			
	Any Illicit Drug	Alcohol	Both Any Illicit Drug and Alcohol	Any Illicit Drug or Alcohol[2]
TOTAL	1.1	1.0	0.7	1.6
GENDER				
Male	1.3	1.1	0.8	1.8
Female	0.9	0.9	0.7	1.3
HISPANIC ORIGIN AND RACE				
Not Hispanic				
White Only	1.1	1.1	0.8	1.7
Black Only	0.7	0.5	0.4	1.0
American Indian/Alaska Native Only	*	*	*	5.0
Native Hawaiian/Other Pacific Islander	*	*	*	*
Asian Only	0.3	0.3	0.3	0.4
More Than One Race	0.2	0.6	0.2	0.8
Hispanic	1.2	1.4	1.0	2.0
GENDER/RACE/HISPANIC ORIGIN				
Male - White	1.2	1.0	0.7	1.8
Female - White	1.1	1.1	0.8	1.6
Male - Black	1.1	0.7	0.6	1.4
Female - Black	0.3	0.3	0.2	0.6
Male - Hispanic	1.6	2.1	1.4	2.6
Female - Hispanic	0.7	0.6	0.4	1.3

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

[1] "Received treatment" refers to treatment received in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use. It includes treatment received at any location, such as a hospital, at a rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

[2] Estimates include persons who received treatment specifically for alcohol or any illicit drug, as well as persons who received treatment but did not specify for what substance(s).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

Table F.29 Percentages of Persons Aged 18 or Older Who Received Substance Abuse Treatment in the Past Year, by Demographic Characteristics: 2000

Demographic Characteristic	RECEIVED TREATMENT IN THE PAST YEAR[1]			
	Any Illicit Drug	Alcohol	Both Any Illicit Drug and Alcohol	Any Illicit Drug or Alcohol[2]
TOTAL	0.5	0.9	0.4	1.2
GENDER				
Male	0.6	1.4	0.4	1.8
Female	0.4	0.5	0.3	0.7
HISPANIC ORIGIN AND RACE				
Not Hispanic				
White Only	0.5	0.9	0.3	1.2
Black Only	0.8	1.2	0.7	1.5
American Indian/Alaska Native Only	0.7	3.6	0.7	3.8
Native Hawaiian/Other Pacific Islander	0.5	0.5	0.5	1.1
Asian Only	0.0	0.2	0.0	0.2
More Than One Race	1.6	1.8	1.6	1.8
Hispanic	0.3	0.7	0.2	0.9
ADULT EDUCATION				
< High School	1.0	1.4	0.7	1.9
High School Graduate	0.5	1.1	0.4	1.4
Some College	0.5	0.9	0.3	1.2
College Graduate	0.2	0.4	0.1	0.5
CURRENT EMPLOYMENT				
Full-Time	0.5	1.0	0.3	1.2
Part-Time	0.7	1.1	0.5	1.3
Unemployed	1.8	2.5	1.5	4.3
Other[3]	0.4	0.7	0.2	1.0

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

[1] "Received treatment" refers to treatment received in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use. It includes treatment received at any location, such as a hospital, at a rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

[2] Estimates include persons who received treatment specifically for alcohol or any illicit drug, as well as persons who received treatment but did not specify for what substance(s).

[3] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

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10913 (5.43B)

Table F.30 Percentages of Persons Aged 12 or Older Who Received Substance Abuse Treatment in the Past Year, by Geographic Characteristics: 2000

Geographic Characteristic	RECEIVED TREATMENT IN THE PAST YEAR[1]			
	Any Illicit Drug	Alcohol	Both Any Illicit Drug and Alcohol	Any Illicit Drug or Alcohol[2]
TOTAL	0.6	0.9	0.4	1.3
GEOGRAPHIC DIVISION				
Northeast	0.6	0.9	0.4	1.2
New England	0.8	0.9	0.5	1.4
Middle Atlantic	0.5	0.9	0.3	1.1
Midwest	0.6	1.2	0.4	1.6
East North Central	0.5	1.1	0.4	1.5
West North Central	0.7	1.4	0.5	1.8
South	0.5	0.7	0.3	0.9
South Atlantic	0.4	0.7	0.3	1.0
East South Central	0.4	0.4	0.2	0.6
West South Central	0.6	0.6	0.4	1.0
West	0.7	1.2	0.6	1.5
Mountain	0.7	1.2	0.5	1.5
Pacific	0.7	1.2	0.6	1.5
COUNTY TYPE				
Large Metro	0.6	1.0	0.5	1.3
Small Metro	0.5	0.9	0.4	1.2
250K - 1 Mil. Pop.	0.5	0.8	0.4	1.2
<250K Pop.	0.6	1.0	0.4	1.4
Nonmetro	0.5	0.9	0.3	1.3
Urbanized	0.7	1.0	0.6	1.4
Less Urbanized	0.4	0.9	0.2	1.3
Completely Rural	0.4	0.6	0.2	0.9

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

[1] "Receiving treatment" refers to treatment received in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use. It includes treatment received at any location, such as a hospital, at a rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

[2] Estimates include persons who received treatment specifically for alcohol or any illicit drug, as well as persons who received treatment but did not specify for what substance(s).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

10913 (5.48B)

Table F.31 Percentages of Persons Who Needed and Received Treatment for an Illicit Drug Problem in the Past Year, by Detailed Age Categories: 2000

Age Category	NEEDED TREATMENT FOR AN ILLICIT DRUG PROBLEM IN THE PAST YEAR			Percentage Who Received Treatment at a Specialty Facility among Persons Who Needed Treatment
	Total	Received Treatment at a Specialty Facility	Did Not Receive Treatment at a Specialty Facility	
Total	2.1	0.3	1.7	16.6
12	0.8	0.0	0.8	*
13	2.1	0.1	1.9	*
14	3.2	0.4	2.8	12.0
15	6.0	0.5	5.5	9.0
16	7.3	0.9	6.4	12.4
17	8.3	1.2	7.1	14.8
18	8.3	0.6	7.7	7.6
19	8.2	0.3	8.0	3.1
20	7.2	0.8	6.5	10.6
21	5.7	0.5	5.2	9.2
22	5.1	0.5	4.6	10.0
23	3.6	0.5	3.0	*
24	3.4	0.4	3.0	*
25	2.4	0.2	2.2	*
26-29	2.5	0.6	1.9	*
30-34	2.0	0.5	1.5	22.9
35-39	1.6	0.3	1.3	*
40-44	1.3	0.4	0.9	*
45-49	1.4	0.3	1.1	*
50-54	1.0	0.6	0.5	*
55-59	0.4	0.1	0.3	*
60-64	*	*	*	*
65 or Older	0.1	0.0	0.1	*

*Low precision; no estimate reported.

NOTE: Respondents were classified as needing treatment for an illicit drug problem if they met at least one of three criteria during the past year: (1) dependent on any illicit drug; (2) abuse of any illicit drug; or (3) received treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient only), and mental health centers). Illicit Drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type psychotherapeutic (nonmedical use).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

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Table F.32 Estimated Numbers (in Thousands) of Persons Aged 12 or Older Who Needed and Received Treatment for an Illicit Drug Problem in the Past Year, by Demographic Characteristics: 2000

Demographic Characteristic	NEEDED TREATMENT FOR AN ILLICIT DRUG PROBLEM IN THE PAST YEAR			Percentage Who Received Treatment at a Specialty Facility among Persons Who Needed Treatment
	Total	Received Treatment at a Specialty Facility	Did Not Receive Treatment at a Specialty Facility	
TOTAL	4,655	774	3,881	16.6
AGE				
12-17	1,074	122	951	11.4
18-25	1,645	142	1,503	8.6
26 or Older	1,937	510	1,427	26.3
GENDER				
Male	2,749	411	2,337	15.0
Female	1,907	363	1,544	19.0
HISPANIC ORIGIN AND RACE				
Not Hispanic				
White Only	3,235	577	2,659	17.8
Black Only	632	118	514	*
American Indian/Alaska Native Only	46	4	42	*
Native Hawaiian/Other Pacific Islander	10	3	7	*
Asian Only	54	1	54	*
More Than One Race	103	21	82	*
Hispanic	574	51	523	9.0

*Low precision; no estimate reported.

NOTE: Respondents were classified as needing treatment for an illicit drug problem if they met at least one of three criteria during the past year: (1) dependent on any illicit drug; (2) abuse of any illicit drug; or (3) received treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient only), and mental health centers). Illicit Drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type psychotherapeutic (nonmedical use).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

10913 (5.49B)

Table F.33 Percentages of Persons Aged 12 or Older Who Needed and Received Treatment for an Illicit Drug Problem in the Past Year, by Demographic Characteristics: 2000

Demographic Characteristic	NEEDED TREATMENT FOR AN ILLICIT DRUG PROBLEM IN THE PAST YEAR			Percentage Who Received Treatment at a Specialty Facility among Persons Who Needed Treatment
	Total	Received Treatment at a Specialty Facility	Did Not Receive Treatment at a Specialty Facility	
TOTAL	2.1	0.3	1.7	16.6
AGE				
12-17	4.6	0.5	4.1	11.4
18-25	5.7	0.5	5.2	8.6
26 or Older	1.1	0.3	0.8	26.3
GENDER				
Male	2.6	0.4	2.2	15.0
Female	1.6	0.3	1.3	19.0
HISPANIC ORIGIN AND RACE				
Not Hispanic				
White Only	2.0	0.4	1.6	17.8
Black Only	2.5	0.5	2.0	*
American Indian/Alaska Native Only	4.3	0.4	3.9	*
Native Hawaiian/Other Pacific Islander	1.8	0.5	1.4	*
Asian Only	0.7	0.0	0.7	*
More Than One Race	5.5	1.1	4.4	*
Hispanic	2.4	0.2	2.2	9.0

*Low precision; no estimate reported.

NOTE: Respondents were classified as needing treatment for an illicit drug problem if they met at least one of three criteria during the past year: (1) dependent on any illicit drug; (2) abuse of any illicit drug; or (3) received treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient only), and mental health centers). Illicit Drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type psychotherapeutic (nonmedical use).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

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10913(5.50A)

Table F.34 Estimated Numbers (in Thousands) of Persons Aged 12 to 17 Who Needed and Received Treatment for an Illicit Drug Problem in the Past Year, by Demographic Characteristics: 2000

Demographic Characteristic	NEEDED TREATMENT FOR AN ILLICIT DRUG PROBLEM IN THE PAST YEAR			Percentage Who Received Treatment at a Specialty Facility among Persons Who Needed Treatment
	Total	Received Treatment at a Specialty Facility	Did Not Receive Treatment at a Specialty Facility	
TOTAL	1,074	122	951	11.4
GENDER				
Male	594	77	517	13.0
Female	479	45	434	9.4
HISPANIC ORIGIN AND RACE				
Not Hispanic				
White Only	731	92	639	12.6
Black Only	120	16	104	13.5
American Indian/Alaska Native Only	15	*	13	*
Native Hawaiian/Other Pacific Islander	*	*	*	*
Asian Only	23	*	23	*
More Than One Race	9	*	9	*
Hispanic	172	10	162	6.1
GENDER/RACE/HISPANIC ORIGIN				
Male - White	393	54	339	13.7
Female - White	338	38	300	11.4
Male - Black	80	13	67	*
Female - Black	40	3	37	*
Male - Hispanic	92	7	85	*
Female - Hispanic	80	3	77	*

*Low precision; no estimate reported.

NOTE: Respondents were classified as needing treatment for an illicit drug problem if they met at least one of three criteria during the past year: (1) dependent on any illicit drug; (2) abuse of any illicit drug; or (3) received treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient only), and mental health centers). Illicit Drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type psychotherapeutic (nonmedical use).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

10913 (5.50B)

Table F.35 Percentages of Persons Aged 12 to 17 Who Needed and Received Treatment for an Illicit Drug Problem in the Past Year, by Demographic Characteristics: 2000

Demographic Characteristic	NEEDED TREATMENT FOR AN ILLICIT DRUG PROBLEM IN THE PAST YEAR			Percentage Who Received Treatment at a Specialty Facility among Persons Who Needed Treatment
	Total	Received Treatment at a Specialty Facility	Did Not Receive Treatment at a Specialty Facility	
TOTAL	4.6	0.5	4.1	11.4
GENDER				
Male	5.0	0.6	4.3	13.0
Female	4.2	0.4	3.8	9.4
HISPANIC ORIGIN AND RACE				
Not Hispanic				
White Only	4.8	0.6	4.2	12.6
Black Only	3.6	0.5	3.1	13.5
American Indian/Alaska Native Only	10.7	*	8.7	*
Native Hawaiian/Other Pacific Islander	*	*	*	*
Asian Only	2.8	*	2.8	*
More Than One Race	2.5	*	2.5	*
Hispanic	5.2	0.3	4.9	6.1
GENDER/RACE/HISPANIC ORIGIN				
Male - White	5.0	0.7	4.3	13.7
Female - White	4.5	0.5	4.0	11.4
Male - Black	4.7	0.8	3.9	*
Female - Black	2.4	0.2	2.3	*
Male - Hispanic	5.3	0.4	4.9	*
Female - Hispanic	5.0	0.2	4.8	*

*Low precision; no estimate reported.

NOTE: Respondents were classified as needing treatment for an illicit drug problem if they met at least one of three criteria during the past year: (1) dependent on any illicit drug; (2) abuse of any illicit drug; or (3) received treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient only), and mental health centers). Illicit Drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type psychotherapeutic (nonmedical use).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

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10913 (5.53B)

Table F.36 Percentages of Persons Aged 18 or Older Who Needed and Received Treatment for an Illicit Drug Problem in the Past Year, by Demographic Characteristics: 2000

Demographic Characteristic	NEEDED TREATMENT FOR AN ILLICIT DRUG PROBLEM IN THE PAST YEAR			Percentage Who Received Treatment at a Specialty Facility among Persons Who Needed Treatment
	Total	Received Treatment at a Specialty Facility	Did Not Receive Treatment at a Specialty Facility	
TOTAL	1.8	0.3	1.5	18.2
GENDER				
Male	2.3	0.4	1.9	15.5
Female	1.4	0.3	1.1	22.3
HISPANIC ORIGIN AND RACE				
Not Hispanic				
White Only	1.7	0.3	1.4	19.3
Black Only	2.3	0.5	1.9	*
American Indian/Alaska Native Only	3.3	0.1	3.1	*
Native Hawaiian/Other Pacific Islander	1.7	0.5	1.2	*
Asian Only	0.5	0.0	0.4	*
More Than One Race	6.3	1.4	4.9	*
Hispanic	2.0	0.2	1.8	10.2
ADULT EDUCATION				
< High School	2.9	0.7	2.2	25.4
High School Graduate	1.7	0.3	1.4	18.9
Some College	1.9	0.3	1.6	15.8
College Graduate	1.1	0.1	1.0	*
CURRENT EMPLOYMENT				
Full-Time	1.6	0.2	1.4	14.1
Part-Time	2.7	0.5	2.2	*
Unemployed	7.7	1.5	6.2	*
Other[1]	1.3	0.4	0.9	28.8

*Low precision; no estimate reported.

NOTE: Respondents were classified as needing treatment for an illicit drug problem if they met at least one of three criteria during the past year: (1) dependent on any illicit drug; (2) abuse of any illicit drug; or (3) received treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient only), and mental health centers). Illicit Drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type psychotherapeutic (nonmedical use).

[1] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

10913 (5.54B)

Table F.37 Percentages of Persons Aged 12 or Older Who Needed and Received Treatment for an Illicit Drug Problem in the Past Year, by Geographic Characteristics: 2000

Geographic Characteristic	NEEDED TREATMENT FOR AN ILLICIT DRUG PROBLEM IN THE PAST YEAR			Percentage Who Received Treatment at a Specialty Facility among Persons Who Needed Treatment
	Total	Received Treatment at a Specialty Facility	Did Not Receive Treatment at a Specialty Facility	
TOTAL	2.1	0.3	1.7	16.6
GEOGRAPHIC DIVISION				
Northeast	2.4	0.4	2.0	17.2
New England	3.2	0.7	2.6	*
Middle Atlantic	2.1	0.3	1.8	15.3
Midwest	1.8	0.3	1.5	17.8
East North Central	1.9	0.3	1.6	16.1
West North Central	1.7	0.4	1.4	*
South	1.7	0.3	1.4	17.3
South Atlantic	1.7	0.3	1.4	20.0
East South Central	1.6	0.2	1.4	10.1
West South Central	1.8	0.3	1.5	16.6
West	2.7	0.4	2.3	14.7
Mountain	2.8	0.4	2.4	13.9
Pacific	2.7	0.4	2.3	*
COUNTY TYPE				
Large Metro	2.3	0.4	1.9	16.2
Small Metro	2.0	0.3	1.7	15.5
250K - 1 Mil. Pop.	2.0	0.3	1.7	15.1
<250K Pop.	2.0	0.3	1.7	16.7
Nonmetro	1.7	0.3	1.4	20.0
Urbanized	2.0	0.5	1.5	*
Less Urbanized	1.7	0.3	1.4	*
Completely Rural	1.2	0.2	1.0	*

*Low precision; no estimate reported.

NOTE: Respondents were classified as needing treatment for an illicit drug problem if they met at least one of three criteria during the past year: (1) dependent on any illicit drug; (2) abuse of any illicit drug; or (3) received treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient only), and mental health centers). Illicit Drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type psychotherapeutic (nonmedical use).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

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10913 (5.55B)

Table F.38 Percentages of Persons Aged 12 to 17 Who Needed and Received Treatment for an Illicit Drug Problem in the Past Year, by Geographic Characteristics: 2000

Geographic Characteristic	NEEDED TREATMENT FOR AN ILLICIT DRUG PROBLEM IN THE PAST YEAR			Percentage Who Received Treatment at a Specialty Facility among Persons Who Needed Treatment
	Total	Received Treatment at a Specialty Facility	Did Not Receive Treatment at a Specialty Facility	
TOTAL	4.6	0.5	4.1	11.4
GEOGRAPHIC DIVISION				
Northeast	4.4	0.5	3.9	11.5
New England	7.4	0.7	6.7	*
Middle Atlantic	3.3	0.4	2.9	13.3
Midwest	4.1	0.6	3.5	15.6
East North Central	4.3	0.6	3.7	13.9
West North Central	3.8	0.8	3.0	*
South	4.5	0.5	4.0	10.7
South Atlantic	4.2	0.6	3.6	13.6
East South Central	4.2	0.1	4.1	*
West South Central	5.2	0.5	4.6	10.5
West	5.3	0.5	4.9	9.0
Mountain	5.2	0.7	4.5	14.1
Pacific	5.4	0.4	5.0	6.9
COUNTY TYPE				
Large Metro	4.4	0.5	3.8	12.5
Small Metro	5.0	0.5	4.4	10.7
250K - 1 Mil. Pop.	4.9	0.5	4.4	10.2
<250K Pop.	5.4	0.6	4.7	*
Nonmetro	4.6	0.5	4.1	10.1
Urbanized	5.0	0.4	4.6	8.6
Less Urbanized	4.2	0.5	3.6	13.1
Completely Rural	5.5	0.1	5.3	*

*Low precision; no estimate reported.

NOTE: Respondents were classified as needing treatment for an illicit drug problem if they met at least one of three criteria during the past year: (1) dependent on any illicit drug; (2) abuse of any illicit drug; or (3) received treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient only), and mental health centers). Illicit Drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type psychotherapeutic (nonmedical use).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

Table F.39 Percentages of Persons Aged 18 or Older Who Needed and Received Treatment for an Illicit Drug Problem in the Past Year, by Geographic Characteristics: 2000

Geographic Characteristic	NEEDED TREATMENT FOR AN ILLICIT DRUG PROBLEM IN THE PAST YEAR			Percentage Who Received Treatment at a Specialty Facility among Persons Who Needed Treatment
	Total	Received Treatment at a Specialty Facility	Did Not Receive Treatment at a Specialty Facility	
TOTAL	1.8	0.3	1.5	18.2
GEOGRAPHIC DIVISION				
Northeast	2.2	0.4	1.8	18.4
New England	2.8	0.7	2.1	*
Middle Atlantic	1.9	0.3	1.6	15.7
Midwest	1.5	0.3	1.3	18.6
East North Central	1.6	0.3	1.3	16.8
West North Central	1.5	0.3	1.2	*
South	1.4	0.3	1.1	19.8
South Atlantic	1.4	0.3	1.1	*
East South Central	1.3	0.2	1.1	*
West South Central	1.4	0.3	1.1	*
West	2.4	0.4	2.0	*
Mountain	2.5	0.3	2.2	*
Pacific	2.3	0.4	1.9	*
COUNTY TYPE				
Large Metro	2.0	0.3	1.7	17.1
Small Metro	1.7	0.3	1.4	17.1
250K - 1 Mil. Pop.	1.7	0.3	1.4	16.7
<250K Pop.	1.7	0.3	1.4	*
Nonmetro	1.4	0.3	1.1	23.8
Urbanized	1.7	0.5	1.2	*
Less Urbanized	1.4	0.3	1.1	*
Completely Rural	0.6	0.2	0.4	*

*Low precision; no estimate reported.

NOTE: Respondents were classified as needing treatment for an illicit drug problem if they met at least one of three criteria during the past year: (1) dependent on any illicit drug; (2) abuse of any illicit drug; or (3) received treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient only), and mental health centers). Illicit Drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type psychotherapeutic (nonmedical use).

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

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10913 (5.59A)

Table F.40 Estimated Numbers (in Thousands) of Persons Who Received Treatment for Specific Substances at Their Most Recent Treatment among Persons Who Received Treatment in the Past Year, by Age Groups: 2000

Most Recent Treatment[1]	Total	AGE GROUP (Years)		
		12-17	18-25	26 or Older
Marijuana	713	183	197	333
Cocaine	494	29	70	395
Heroin	151	6	36	108
Hallucinogens	281	34	74	173
Inhalants	165	27	38	99
Pain Relievers	190	30	64	96
Tranquilizers	152	17	41	95
Stimulants	245	16	52	177
Sedatives	114	7	14	93
Alcohol	1,924	187	363	1,374

*Low precision; no estimate reported.

NOTE: "Received Treatment" refers to treatment received in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use. It includes treatment received at any location, such as a hospital, at a rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

NOTE: If a respondent reported that they were currently receiving treatment, they were asked questions regarding specific substances for their current treatment; otherwise, questions pertained to the last treatment they received.

[1] Respondents could indicate multiple substances for which they received their most recent treatment; thus, these response categories are not mutually exclusive.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

10913 (5.59B)

Table F.41 Percentages of Persons Who Received Treatment for Specific Substances at Their Most Recent Treatment among Persons Who Received Treatment in the Past Year, by Age Groups: 2000

Most Recent Treatment[1]	Total	AGE GROUP (Years)		
		12-17	18-25	26 or Older
Marijuana	25.2	49.2	34.5	17.7
Cocaine	17.5	7.9	12.3	20.9
Heroin	5.3	1.6	6.3	5.8
Hallucinogens	9.9	9.2	12.9	9.2
Inhalants	5.8	7.3	6.7	5.3
Pain Relievers	6.7	8.2	11.2	5.1
Tranquilizers	5.4	4.5	7.1	5.0
Stimulants	8.6	4.2	9.1	9.4
Sedatives	4.0	2.0	2.4	4.9
Alcohol	68.0	50.4	63.5	72.9

*Low precision; no estimate reported.

NOTE: "Received Treatment" refers to treatment received in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use. It includes treatment received at any location, such as a hospital, at a rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

NOTE: If a respondent reported that they were currently receiving treatment, they were asked questions regarding specific substances for their current treatment; otherwise, questions pertained to the last treatment they received.

[1] Respondents could indicate multiple substances for which they received their most recent treatment; thus, these response categories are not mutually exclusive.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

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10913 (5.60A)

Table F.42 Estimated Numbers (in Thousands) of Persons with Specific Sources of Payment for Their Most Recent Treatment among Persons Who Received Any Illicit Drug Treatment in the Past Year, by Age Groups: 2000

Source of Payment[1]	Total	AGE GROUP (Years)		
		12-17	18-25	26 or Older
Private Health Insurance	308	80	62	*
Medicare	232	38	28	*
Medicaid	244	43	28	*
Public Assistance Other Than Medicaid	268	39	45	*
Own Savings or Earnings	522	44	123	*
Family Members	285	67	81	*
Courts	181	32	36	*
CHAMPUS, TRICARE, CHAMPVA, the VA or Some Other Military Health Care	72	7	9	*
Employer	105	3	8	*

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: "Received Any Illicit Drug Treatment" refers to treatment received in order to reduce or stop drug use, or for medical problems associated with drug use. It includes treatment received at any location, such as a hospital, at a rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

NOTE: If a respondent reported that they were currently receiving treatment, they were asked questions regarding the sources of payment for their current treatment; otherwise, questions pertained to the last treatment they received.

[1] Respondents could indicate multiple sources of payment for their most recent treatment; thus, these response categories are not mutually exclusive.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

10913 (5.60B)

Table F.43 Percentages of Persons with Specific Sources of Payment for Their Most Recent Treatment among Persons Who Received Any Illicit Drug Treatment in the Past Year, by Age Groups: 2000

Source of Payment[1]	Total	AGE GROUP (Years)		
		12-17	18-25	26 or Older
Private Health Insurance	24.3	32.3	22.5	*
Medicare	18.3	15.4	10.0	*
Medicaid	19.3	17.2	10.1	*
Public Assistance Other Than Medicaid	21.2	15.6	16.2	*
Own Savings or Earnings	41.2	17.8	44.8	*
Family Members	22.5	26.9	29.6	*
Courts	14.3	12.8	12.9	*
CHAMPUS, TRICARE, CHAMPVA, the VA or Some Other Military Health Care	5.7	2.7	3.1	*
Employer	8.3	1.1	2.8	*

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: "Received Any Illicit Drug Treatment" refers to treatment received in order to reduce or stop drug use, or for medical problems associated with drug use. It includes treatment received at any location, such as a hospital, at a rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

NOTE: If a respondent reported that they were currently receiving treatment, they were asked questions regarding the sources of payment for their current treatment; otherwise, questions pertained to the last treatment they received.

[1] Respondents could indicate multiple sources of payment for their most recent treatment; thus, these response categories are not mutually exclusive.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

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10913 (5.61A)

Table F.44 Estimated Numbers (in Thousands) of Persons with Specific Sources of Payment for Their Most Recent Treatment among Persons Who Received Any Alcohol Treatment in the Past Year, by Age Groups: 2000

Source of Payment[1]	Total	AGE GROUP (Years)		
		12-17	18-25	26 or Older
Private Health Insurance	631	65	86	481
Medicare	307	36	23	248
Medicaid	257	40	29	188
Public Assistance Other Than Medicaid	393	36	50	306
Own Savings or Earnings	1,084	51	206	827
Family Members	279	52	79	147
Courts	131	29	43	59
CHAMPUS, TRICARE, CHAMPVA, the VA or Some Other Military Health Care	117	5	14	99
Employer	159	3	10	146

*Low precision; no estimate reported.

NOTE: "Received Any Alcohol Treatment" refers to treatment received in order to reduce or stop alcohol use, or for medical problems associated with alcohol use. It includes treatment received at any location, such as a hospital, at a rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

NOTE: If a respondent reported that they were currently receiving treatment, they were asked questions regarding the sources of payment for their current treatment; otherwise, questions pertained to the last treatment they received.

[1] Respondents could indicate multiple sources of payment for their most recent treatment; thus, these response categories are not mutually exclusive.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

10913 (5.61B)

Table F.45 Percentages of Persons with Specific Sources of Payment for Their Most Recent Treatment among Persons Who Received Any Alcohol Treatment in the Past Year, by Age Groups: 2000

Source of Payment[1]	Total	AGE GROUP (Years)		
		12-17	18-25	26 or Older
Private Health Insurance	29.9	28.0	21.2	32.6
Medicare	14.6	15.7	5.7	16.8
Medicaid	12.2	17.1	7.2	12.8
Public Assistance Other Than Medicaid	18.6	15.5	12.5	20.8
Own Savings or Earnings	51.4	21.9	51.0	56.2
Family Members	13.2	22.5	19.6	10.0
Courts	6.2	12.4	10.7	4.0
CHAMPUS, TRICARE, CHAMPVA, the VA or Some Other Military Health Care	5.5	1.9	3.4	6.7
Employer	7.5	1.3	2.5	9.9

*Low precision; no estimate reported.

NOTE: "Received Any Alcohol Treatment" refers to treatment received in order to reduce or stop alcohol use, or for medical problems associated with alcohol use. It includes treatment received at any location, such as a hospital, at a rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

NOTE: If a respondent reported that they were currently receiving treatment, they were asked questions regarding the sources of payment for their current treatment; otherwise, questions pertained to the last treatment they received.

[1] Respondents could indicate multiple sources of payment for their most recent treatment; thus, these response categories are not mutually exclusive.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

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10913 (5.62A)

Table F.46 Estimated Numbers (in Thousands) of Persons with Specific Sources of Payment for Their Most Recent Treatment among Persons Who Received Any Illicit Drug or Alcohol Treatment in the Past Year, by Age Groups: 2000

Source of Payment[1]	Total	AGE GROUP (Years)		
		12-17	18-25	26 or Older
Private Health Insurance	785	108	121	556
Medicare	418	54	43	321
Medicaid	385	62	49	274
Public Assistance Other Than Medicaid	508	56	69	384
Own Savings or Earnings	1,340	78	270	992
Family Members	464	98	122	244
Courts	257	46	60	151
CHAMPUS, TRICARE, CHAMPVA, the VA or Some Other Military Health Care	157	8	18	132
Employer	234	5	13	216

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: "Received Any Illicit Drug or Alcohol Treatment" refers to treatment received in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use. It includes treatment received at any location, such as a hospital, at a rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

NOTE: If a respondent reported that they were currently receiving treatment, they were asked questions regarding the sources of payment for their current treatment; otherwise, questions pertained to the last treatment they received.

[1] Respondents could indicate multiple sources of payment for their most recent treatment; thus, these response categories are not mutually exclusive.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

10913 (5.62B)

Table F.47 Percentages of Persons with Specific Sources of Payment for Their Most Recent Treatment among Persons Who Received Any Illicit Drug or Alcohol Treatment in the Past Year, by Age Groups: 2000

Source of Payment[1]	Total	AGE GROUP (Years)		
		12-17	18-25	26 or Older
Private Health Insurance	27.8	29.2	21.2	29.5
Medicare	14.8	14.6	7.4	17.0
Medicaid	13.6	16.8	8.6	14.5
Public Assistance Other Than Medicaid	18.0	15.0	12.0	20.4
Own Savings or Earnings	47.4	21.1	47.2	52.6
Family Members	16.4	26.4	21.3	12.9
Courts	9.1	12.4	10.5	8.0
CHAMPUS, TRICARE, CHAMPVA, the VA or Some Other Military Health Care	5.6	2.1	3.1	7.0
Employer	8.3	1.4	2.2	11.4

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: "Received Any Illicit Drug or Alcohol Treatment" refers to treatment received in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use. It includes treatment received at any location, such as a hospital, at a rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

NOTE: If a respondent reported that they were currently receiving treatment, they were asked questions regarding the sources of payment for their current treatment; otherwise, questions pertained to the last treatment they received.

[1] Respondents could indicate multiple sources of payment for their most recent treatment; thus, these response categories are not mutually exclusive.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

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10913 (5.63A)

Table F.48 Estimated Numbers (in Thousands) of Persons Who Received Treatment at Specific Locations among Persons Who Received Any Illicit Drug Treatment in the Past Year, by Age Groups: 2000

Location of Treatment[1]	Total	AGE GROUP (Years)		
		12-17	18-25	26 or Older
Hospital as an Inpatient	199	21	36	*
Rehabilitation Facility - Inpatient	248	37	45	*
Rehabilitation Facility - Outpatient	293	45	50	*
Mental Health Center - Outpatient	240	29	43	*
Private Doctor's Office	*	16	20	*
Self-Help Group	449	56	76	*
Prison/Jail	73	11	22	40
Emergency Room	*	6	19	*

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: "Received Any Illicit Drug Treatment" refers to treatment received in order to reduce or stop drug use, or for medical problems associated with drug use. It includes treatment received at any location, such as a hospital, at a rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

[1] Respondents could indicate multiple locations of treatment; thus, these response categories are not mutually exclusive.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

10913 (5.63B)

Table F.49 Percentages of Persons Who Received Treatment at Specific Locations among Persons Who Received Any Illicit Drug Treatment in the Past Year, by Age Groups: 2000

Location of Treatment[1]	Total	AGE GROUP (Years)		
		12-17	18-25	26 or Older
Hospital as an Inpatient	15.7	8.3	12.9	*
Rehabilitation Facility - Inpatient	19.6	15.1	16.4	*
Rehabilitation Facility - Outpatient	23.1	18.1	18.2	*
Mental Health Center - Outpatient	18.9	11.6	15.8	*
Private Doctor's Office	*	6.5	7.2	*
Self-Help Group	35.5	22.4	27.8	*
Prison/Jail	5.7	4.3	8.1	5.3
Emergency Room	*	2.4	6.8	*

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: "Received Any Illicit Drug Treatment" refers to treatment received in order to reduce or stop drug use, or for medical problems associated with drug use. It includes treatment received at any location, such as a hospital, at a rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

[1] Respondents could indicate multiple locations of treatment; thus, these response categories are not mutually exclusive.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

10913 (5.64A)

Table F.50 Estimated Numbers (in Thousands) of Persons Who Received Treatment at Specific Locations among Persons Who Received Any Alcohol Treatment in the Past Year, by Age Group: 2000

Location of Treatment[1]	Total	AGE GROUP (Years)		
		12-17	18-25	26 or Older
Hospital as an Inpatient	199	23	31	145
Rehabilitation Facility - Inpatient	254	33	41	180
Rehabilitation Facility - Outpatient	316	44	50	222
Mental Health Center - Outpatient	263	25	44	*
Private Doctor's Office	153	15	18	*
Self-Help Group	476	55	82	338
Prison/Jail	73	9	17	48
Emergency Room	93	6	20	*

*Low precision; no estimate reported.

NOTE: "Received Any Alcohol Treatment" refers to treatment received in order to reduce or stop alcohol use, or for medical problems associated with alcohol use. It includes treatment received at any location, such as a hospital, at a rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

[1] Respondents could indicate multiple locations of treatment; thus, these response categories are not mutually exclusive.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

10913 (5.64B)

Table F.51 Percentages of Persons Who Received Treatment at Specific Locations among Persons Who Received Any Alcohol Treatment in the Past Year, by Age Groups: 2000

Location of Treatment[1]	Total	AGE GROUP (Years)		
		12-17	18-25	26 or Older
Hospital as an Inpatient	9.5	10.1	7.8	9.8
Rehabilitation Facility - Inpatient	12.0	14.2	10.1	12.2
Rehabilitation Facility - Outpatient	15.0	18.8	12.4	15.1
Mental Health Center - Outpatient	12.5	10.9	10.9	*
Private Doctor's Office	7.2	6.4	4.5	*
Self-Help Group	22.6	23.9	20.3	23.0
Prison/Jail	3.5	3.7	4.2	3.2
Emergency Room	4.4	2.5	5.0	*

*Low precision; no estimate reported.

NOTE: "Received Any Alcohol Treatment" refers to treatment received in order to reduce or stop alcohol use, or for medical problems associated with alcohol use. It includes treatment received at any location, such as a hospital, at a rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

[1] Respondents could indicate multiple locations of treatment; thus, these response categories are not mutually exclusive.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

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10913 (5.65A)

Table F.52 Estimated Numbers (in Thousands) of Persons Who Received Treatment at Specific Locations among Persons Who Received Any Illicit Drug or Alcohol Treatment in the Past Year, by Age Groups: 2000

Location of Treatment[1]	Total	AGE GROUP (Years)		
		12-17	18-25	26 or Older
Hospital as an Inpatient	529	74	69	386
Rehabilitation Facility - Inpatient	573	75	106	392
Rehabilitation Facility - Outpatient	1,055	100	193	762
Mental Health Center - Outpatient	779	72	100	607
Private Doctor's Office	554	52	70	432
Self-Help Group	1,493	132	261	1,100
Prison/Jail	146	25	49	72
Emergency Room	288	40	59	189

•Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: "Received Any Illicit Drug or Alcohol Treatment" refers to treatment received in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use. It includes treatment received at any location, such as a hospital, at a rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

[1] Respondents could indicate multiple locations of treatment; thus, these response categories are not mutually exclusive.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

10913 (5.65B)

Table F.53 Percentages of Persons Who Received Treatment at Specific Locations among Persons Who Received Any Illicit Drug or Alcohol Treatment in the Past Year, by Age Groups: 2000

Location of Treatment[1]	Total	AGE GROUP (Years)		
		12-17	18-25	26 or Older
Hospital as an Inpatient	18.7	19.9	12.0	20.5
Rehabilitation Facility - Inpatient	20.3	20.2	18.5	20.8
Rehabilitation Facility - Outpatient	37.3	26.9	33.7	40.4
Mental Health Center - Outpatient	27.5	19.4	17.4	32.2
Private Doctor's Office	19.6	14.0	12.2	22.9
Self-Help Group	52.8	35.4	45.7	58.4
Prison/Jail	5.1	6.8	8.5	3.8
Emergency Room	10.2	10.9	10.2	10.0

*Low precision; no estimate reported.

NOTE: Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: "Received Any Illicit Drug or Alcohol Treatment" refers to treatment received in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use. It includes treatment received at any location, such as a hospital, at a rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

[1] Respondents could indicate multiple locations of treatment; thus, these response categories are not mutually exclusive.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

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- D-4: Drug Abuse Warning Network Annual Medical Examiner Data 1996
- D-5: Mid-Year 1997 Preliminary Emergency Department Data from the Drug Abuse Warning Network
- D-6: Year-End 1997 Emergency Department Data from the Drug Abuse Warning Network
- D-7: Annual Emergency Department Data from the Drug Abuse Warning Network, 1995
- D-8: Annual Emergency Department Data from the Drug Abuse Warning Network, 1996
- D-9: Annual Emergency Department Data from the Drug Abuse Warning Network, 1997
- D-10: Mid-Year 1998 Preliminary Emergency Department Data from the Drug Abuse Warning Network
- D-11: Year-End 1998 Emergency Department Data from the Drug Abuse Warning Network
- D-12: Drug Abuse Warning Network Annual Medical Examiner Data 1997
- D-13: Drug Abuse Warning Network Annual Medical Examiner Data 1998
- D-14: Mid-Year 1999 Preliminary Emergency Department Data from the Drug Abuse Warning Network
- D-15: Year-End 1999 Emergency Department Data from the Drug Abuse Warning Network
- D-16: Drug Abuse Warning Network Annual Medical Examiner Data 1999
- D-17: Mid-Year 2000 Preliminary Emergency Department Data from the Drug Abuse Warning Network
- D-18: Year-End 2000 Emergency Department Data from the Drug Abuse Warning Network
- D-19: Mortality Data from the Drug Abuse Warning Network, 2000
- D-20: Emergency Dept. Trends From the Drug Abuse Warning Network, Preliminary Estimates Jan.-June 2001
- D-21: Emergency Department Trends From the Drug Abuse Warning Network, Final Estimates 1994 -2001

(Continued on next page)

Drug and Alcohol Services Information System (DASIS) Series:
Reports in the Services Series provide national and state level data on (1) the characteristics of specialty treatment facilities providing drug and alcohol services; (2) the number of persons in treatment; and (3) the demographic and drug use characteristics of treatment admissions. The Services Series also includes the National Directory of Drug and Alcohol Abuse Treatment Programs. The publications in this Series are based on SAMHSA's Drug and Alcohol Services Information System (DASIS).

"S" Series publications currently available:

- S-1: National Directory of Drug Abuse and Alcoholism Treatment and Prevention Programs 1996
- S-2: Uniform Facility Data Set (UFDS): Data for 1995 and 1980-1995
- S-3: Uniform Facility Data Set (UFDS): Data for 1996 and 1980-1996
- S-4R: National Directory of Drug Abuse and Alcoholism Treatment and Prevention Programs 1997
- S-5: National Admissions to Substance Abuse Treatment Services: The Treatment Episode Data Set (TEDS) 1992-1996
- S-6: Uniform Facility Data Set (UFDS): 1997
- S-7: Treatment Episode Data Set (TEDS): 1992-1997
- S-8: National Directory of Drug Abuse and Alcoholism Treatment Programs,1998
- S-9: Substance Abuse Treatment in Adult and Juvenile Correctional Facilities: Findings from the UFDS 1997 Survey of Correctional Facilities
- S-10: Uniform Facility Data Set (UFDS): 1998
- S-11: Treatment Episode Data Set (TEDS): 1993-1998
- S-12: National Directory of Drug and Alcohol Abuse Treatment Programs 2000
- S-13: Uniform Facility Data Set (UFDS): 1999
- S-14: Treatment Episode Data Set (TEDS): 1994-1999
- S-15: National Directory of Drug and Alcohol Abuse Treatment Programs 2001
- S-16: National Survey of Substance Abuse Treatment Services (N-SSATS): 2000

Analytic Series:
Reports in the Analytic Series address special topics relating to alcohol, drug abuse, and mental health. The Analytic Series generally provides data from outcome and other special studies, secondary analysis of multiple data sources, or more in-depth analysis of the data presented in the standard annual reports in the other Office of Applied Studies publication series.

"A" Series publications currently available:

- A-1: Employment Outcomes of Indigent Clients Receiving Alcohol and Drug Treatment in Washington State
- A-2: An Analysis of Worker Drug Use and Workplace Policies and Programs
- A-3: Substance Use Among Women in the United States
- A-4: Substance Abuse and Mental Health Statistics Source Book 1998
- A-5: Services Research Outcomes Study
- A-6: Prevalence of Substance Use Among Racial and Ethnic Subgroups in the U.S., 1991-1993
- A-7: Analyses of Substance Abuse and Treatment Need Issues
- A-8: Driving After Drug or Alcohol Use: Findings from the 1996 NHSDA
- A-9: The Relationship Between Mental Health and Substance Abuse Among Adolescents
- A-10: Substance Use and Mental Health Characteristics by Employment Status
- A-11: Worker Drug Use and Workplace Policies and Programs: Results from the 1994 and 1997 NHSDA
- A-12: Risk and Protective Factors for Adolescent Drug Use: Findings from the 1997 National Household Survey on Drug Abuse
- A-13: Parental Influences on Adolescent Marijuana Use and the Baby Boom Generation: Findings from the 1979-1996 NHSDA
- A-14: Youth Substance Use: State Estimates from the 1999 NHSDA
- A-15: Tobacco Use in America: Findings from the 1999 NHSDA
- A-16: Substance Dependence, Abuse and Treatment: Findings from the 2000 NHSDA
- A-17: Initiation of Marijuana Use: Trends, Patterns and Implications

Methodology Series:
Reports in the Methodology Series address methodological issues concerning data collection systems conducted by SAMHSA's Office of Applied Studies. These reports include studies of new statistical techniques and theories, survey methods, sample design, survey instrument design, and objective evaluations of the reliability of collected data.

"M" Series publications currently available:

- M-1: Substance Abuse in States and Metropolitan Areas: Model Based Estimates from the 1991-1993 NHSDA--Methodology Report
- M-2: Drug Abuse Warning Network Sample Design and Estimation Procedures--Technical Report
- M-3: Development of Computer-Assisted Interviewing Procedures for the NHSDA

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